CHEMIST & DRUGGIST

The newsweekly for pharmacy

March 22, 1986

a Benn publication

Nuffield Report backs commercial diversity in community pharmacy

Fee up to 63p — discount up 1.5pc in April package

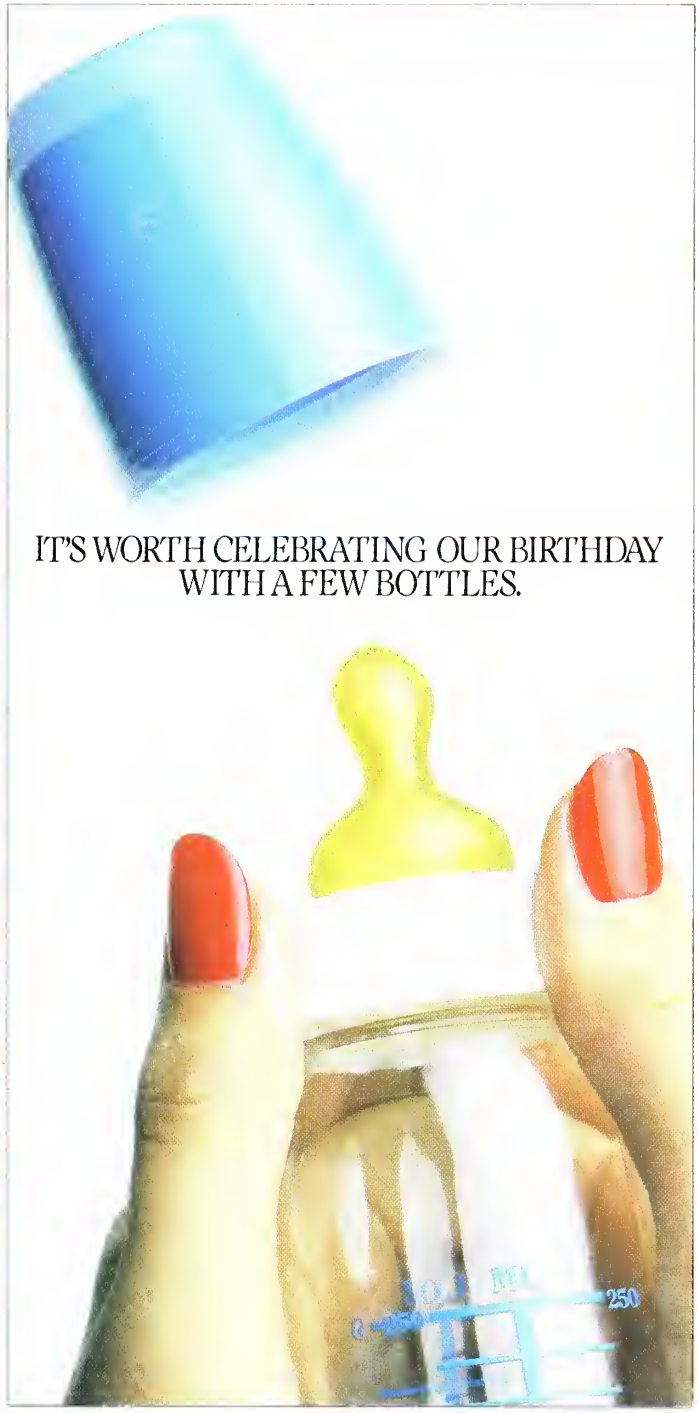
Contract Bill imminent

DHSS concern on drug prices — new PPRS soon

Your budget at a glance

Boots to revamp 650 smaller branches

NUFFIELD SPECIAL FEATURE



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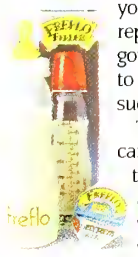

To start with, you can take it as read that our standard Freflo feeder will perform as well as ever.

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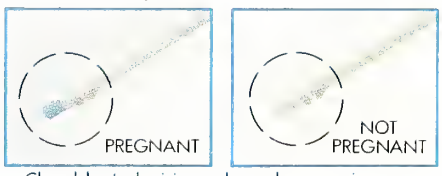

Clearblue's decisive colour change gives an answer women can rely on.

Clearblue. Already Britain's most popular home pregnancy test.

For further information contact Unipath Customer Services (0234) 50408. Unipath Ltd., Norse Road, Bedford MK41 0QG.

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*Independent Market Survey results.

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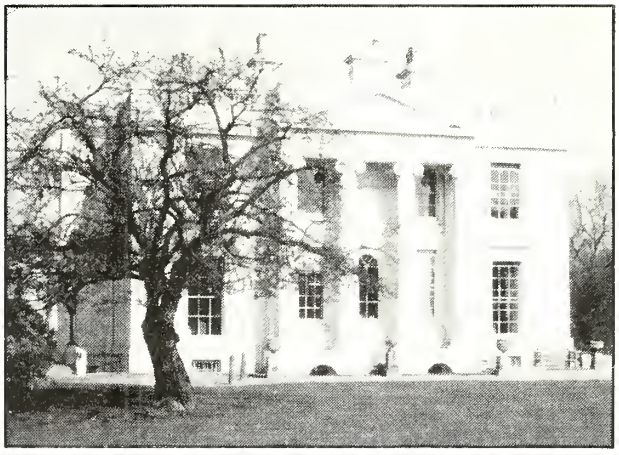

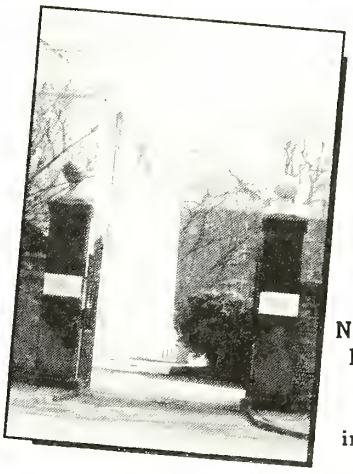

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hospital environs. But the Report stressed that such a switch should not come at the expense of hospital pharmacist posts.

expense of hospital pharmacist posts.

Hospital pharmacists, particularly basic grades, were poorly paid, and more money should be made available. There also had to be some thought given to the problems of blockage in the promotional tree; pharmacists should be able to be promoted more within specialities. This would give more first rate specialists and fewer second rate managers. Thought should also be given to improving the career prospects of technicians.

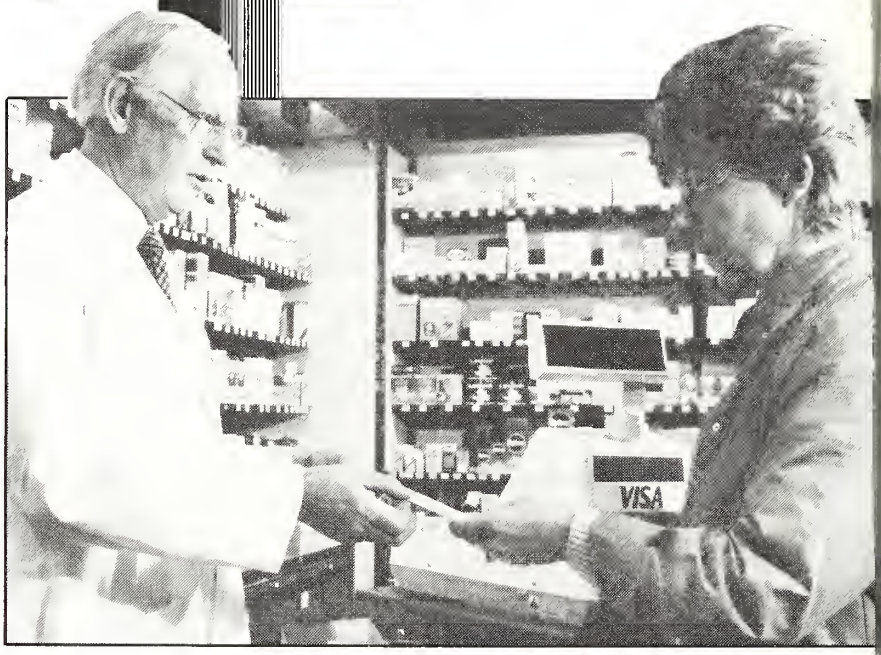
There needs to be an increase in the number of pharmacists attracted into the industry if a proper balance between disciplines is to be maintained; this could be done by increasing the supply of graduates from the schools of pharmacy. Graduates should also be given more encouragement to go into industry.

Wholesalers come in for praise for the way they handle their operation. The Report suggests there is no need for wholesalers to have a permanent pharmacist but pharmaceutical advice should always be available. There is, however, a need for a more professional approach in all stages of the supply of medicines to patients, particularly in advertising and marketing. Pharmacists were well qualified to contribute to this.

The Report goes on to consider undergraduate education, the pre-registration year, continuing education and higher degrees. One of its recommendations is for the undergraduate course to be restructured, taking into account the basic science taught in secondary schools. The time saved could increase the teaching of topics relevant to the pharmacists' future professional role, including pathology, therapeutics, and the social and behavioural sciences. Teaching should concentrate more on discussion and development of communication skills, rather than stand-up lecturing.

There should be more teacher practitioners. Schools of pharmacy should be more involved in the preregistration year, at the end of which admission to the register should be dependent on a test of competence. And a newly registered pharmacist should have to complete a further year in the chosen branch of pharmacy before being allowed to occupy a position of sole responsibility.

On continuing education, the Report recommends that priority be given to the requirements of existing pharmacists. The Pharmaceutical Society should take the initiative in the coordination of all the parties involved.



Nuffield recognises the value of the commercial diversity found in community pharmacy. In this extensive extract, the Committee put the emphasis firmly on the pharmacist as an advisor on medicines, who they would like to see more involved with the presciption, from before it is written, throug the dispensing process, and out into the community with the end user.

More involvement key to community role

In considering the future role of community pharmacy we need to bear in mind that anyone whose name is added to the Register today may still be practising in 40 years' time, and it is impossible to forecast accurately that far ahead. Confining ourselves to the next 20 years or so, we would venture the following predictions:

(a) The discovery and development of new drugs will continue, some of which will be more complex and, unless used with the appropriate advice, potentially more toxic than their predecessors. They can be expected to be more effective in their results and more selective in their application. New delivery systems will continue to be introduced, and developments in biotechnology will supplement and in some cases supplant the use of existing medicines. There will be an increasing need to match the individual medicament to the individual patient.

(b) Treatment cost will continue to rise. The introduction of new vaccines may reduce costs by making it unnecessary to treat some disease states. These savings are likely to be more than offset by advances in medicine and surgery. Governments will continue look for ways of reducing expenditur including the transfer of treatment from hospitals into the community. A a result GPs and community pharmacists will handle potentially more complex medicinal treatment.

(c) The proportion of the elderly in the population will rise, increasing the c on health care resources.

(d) The use of information processing facilities and of improved electronic means of communication within the health services will greatly increase.

(e) Exploitation of the potential of the ne treatments will lead to increasing cooperation between professions.

(f) There will be an increasing consume say in health care. Individuals will seek more information, will wish to be more involved in treatment, and demand more choice. There is likely be an increasing disposition to requir the professional to justify himself and not to take what he says on trust.

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fects on the pharmacist

e doubt there will be any significant duction in the number of prescriptions esented for dispensing. The troduction of the limited list has resulted some patients buying their preferred edicine OTC and in the longer term we ould hope that improvements in rescribing will reduce quantities. On the her hand, the transfer of patients to mmunity care and the rise in the elderly pulation is likely to increase the number prescriptions .

"Original pack dispensing" is likely to ecome the norm and counting and easuring will largely disappear. This is kely to be accompanied by the provision y the manufacturer direct to the nsumer of information on dosage, side fects etc. New delivery systems may nceivably involve individual anipulative work for the pharmacist, but e assembly of medicines on prescription ill continue to decline.

The effect of computers and improved lectronic communication systems on ispensing could be profound. Computers surgeries will increase the accessiblity f drug information to GPs, helping them check for adverse drug reactions and otential interactions and be alerted to ossible prescribing errors. They could lso provide an alternative to "repeat rescriptions," often written incorrectly by receptionist.

The scope for error in the writing of rescriptions could thus decrease ubstantially, and so the number of ccasions on which reference back by the harmacist will be needed.

Computers and other electronic nformation handling devices will present dditional opportunities for ommunication between members of the lifferent professions as has already been lemonstrated in one regional health uthority. It is the practice in Canada for GPs, where they think it appropriate, to elephone prescriptions to the pharmacist f their patient's choice. Except in a case f urgency, this is not permissible in this country, though that is not to say it does not happen. Besides enabling the pharmacist to have the dispensed prescription available when the patient calls, it also promotes contact between the doctor and the pharmacist at the beginning of the dispensing process. Developments in the UK are more likely to be in the direction of simultaneous reproduction in the pharmacy of the prescription keyed in by the doctor, leading to the easy disposal of queries through keyboard conversation.

The recording on computer within pharmacies of the medication records of individual customers is also to be found in the USA, in part, at least, in response to the demands of third party liability. An individual was likely to consult a number of doctors but take his prescriptions to a single pharmacy. In the UK the opposite is the case: an individual will consult his own GP but may well take prescriptions to one or other of a number of pharmacies. If individual medication records are to be kept, it would appear to make more sense for these to be held by the GP.

A disadvantage of such an arrangement is that these records would not include medicines purchased OTC. It has therefore been suggested that individuals should be registered (as they are in Holland) with a single pharmacy, which would enable the pharmacist to keep records of both dispensed medicines and those supplied OTC (to the extent these were not bought elsewhere). Though there may be scope for the voluntary registration of some individuals (later) we think it unlikely that compulsory

continued on p546

'Law should be relaxed to enable a pharmacist to leave the premises for a limited period to undertake professional activities elsewhere, without bringing all pharmaceutical work to a complete halt'

Conclusions – Community Pharmacy

1. *The assistance given by new technology, including computers, to the conduct of pharmacy is to be welcomed.*

2. *Dispensing will continue to be an important activity but the pharmacists' future professional role should be seen in terms of greater collaboration with other health care professionals, particularly GPs; and greater involvement with members of the public.*

3. *Systematic arrangements are needed to enable community pharmacists to cooperate with GPs to increase the effectiveness, and reduce the costs, of prescribing.*

4. *Personal involvement of pharmacists in giving advice on the taking of medicines should be concentrated on those most likely to benefit from it. Wherever drugs form an important part of treatment it is likely that both patient and NHS would benefit from a more active involvement of the pharmacist. Particular groups, such as the elderly, should be encouraged to register with a single pharmacy.*

5. *Pharmacists could help in the treatment of certain patients at home and in the provision of pharmaceutical services to nursing homes and other residential establishments.*

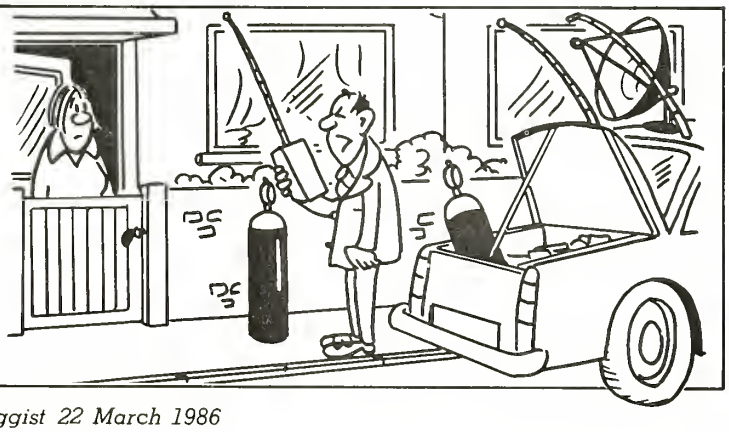
6. *There is a role for pharmacists in health education in cooperation with other health care professionals.*

7. *The professionalism of pharmacists need not be compromised by the fact that they work in a shop where non-pharmaceutical goods are sold provided they behave professionally and that the environment in the whole of the premises is not allowed to detract from this. The PSGB must require a commitment to those standards of professional identity and presentation which in the public interest it considers should define a pharmacy operation. It should be given powers to do this if it does not have them already.*

8. *Commercial pressures have frustrated the fulfilment of hopes expressed for the development of interprofessional cooperation in health centres.*

9. *The present system for remunerating community pharmacists under the NHS contract acts counter to the exercise of their professional role and needs to be changed.*

"Yes, Joan, you can sell Mrs Jones her Benylin."



Fee up to 63p but discount up 1.5pc

The prescription fee goes up to 63p on April 1 as part of the new remuneration package negotiated between the Pharmaceutical Services Negotiating Committee and the Department of Health. But the discount scale also increases to an average of 7.46 per cent, with a rise of 1.5 per cent on all bands. On-cost remains the same at 10.8 per cent as does the BPA at £3,000. All remaining fees go up 5 per cent.

The Essential Small Pharmacies Scheme is enhanced with payments now to be made monthly in arrears. The maximum payment — starting at 6,000 scripts a year — goes up to £5,500. A "once and for all" payment of £2.75m has been agreed for dead stock arising from the introduction of the limited list and the change to U100 insulin.

The existing fee consists of a basic professional fee of 55p plus a supplementary fee of 5p for underpayments last year (1984-85). New money raises the basic fee to 59p and a supplementary fee of 4p for 1985-86 takes it up to 63p.

"The total package has gone up by 8.3 per cent, which is successful negotiation with the Government by current standards," said PSNC chairman David Sharpe. Overall £32m has been added to the balance sheet taking it from £389m to £421m.

Notionally incorporated in the 8.3 per cent balance sheet increase is an increase in labour overheads for 1986-87 of 6.5 per cent and a forecast for 1987-88 of 6 per cent. "Until now the Department has insisted on using the Treasury norm of 4 per cent. We have been able to show this is not realistic and the Department has adjusted its figures accordingly. The reason we have had a supplementary fee is because the DHSS has not recognised these greater costs," explained Mr Sharpe.

In addition the PSNC anticipates a further 4p per script, assuming maintenance of the current on-cost percentage, due to higher drug costs. The volume of prescriptions is also expected to grow by 2.5 per cent. This will result in a further £10m being added to the balance sheet.

Net ingredient cost is forecast to rise 9.5 per cent from 393.72p to 430.87p. Script numbers are predicted to rise from 339,550,000 to 348,170,000. These forecasts have proved fairly accurate in the past, says chief executive Alan Smith.

The PSNC hopes to make adjustments when the new contract comes in if the figures differ from those predicted.

The elements of proprietors' notional salary and profit formula have been left out of the new package. The Pharmacists Review Panel is currently considering the issue of notional salary.

The PSNC received a new set of proposals from the Department last week on profit formula. "We have been trying to resolve this issue for the past year," said chief executive Alan Smith. "At the eleventh hour the DHSS unilaterally decided to take advice from management consultants Deloite Haskins & Selles. The results were handed to us last week. We are studying them in depth. Unless an agreement is reached the whole matter will be referred to the Panel by the Summer."

The current agreement on profit formula expired last December. Exceptionally an adjustment to this year's balance sheet will be made for profit and salary. PSNC feels it should be effective from a date recommended by the Panel.

The rate of discount recovery goes up by 1.5 per cent on all bands. PSNC managed to negotiate the Department's initial figure of 9 per cent down to 7.46 per cent. But a full discount inquiry (including parallel imports) is to take place in April, with the results to be available by early 1987.

Any corrections to discount rate identified by the inquiry will be implemented during 1986-87 (see also p531). A complete series of cost inquiries is to be initiated by Spring 1987.

■ **Northern Ireland.** Changes in Misuse of Drugs Regulations similar to those recently annouced for Great Britain come into effect in the Province on April 1. *(C&D* March 8, p456). Misuse of Drugs (Safe Custody) (Amendment) Regulations (Northern Ireland) 1986 (SR 1986 No 53) and Misuse of Drugs (Northern Ireland) Regulations 1986 (SR 1986 No 52).

1. Professional fee

The basic professional fee to be increased from 55p to 59p per script from April 1 — this is to reflect "sums due" for April 1 to March 31, 1987. To reflect the stock losses sustained from the introduction of the selected list and U100 insulin, a temporary addition of 4p per script shall be paid from April 1 to March 31, 1987.

2. Special professional fees

The special fees (listed in the Drug Tariff Part III A) are to be increased for prescriptions dispensed from April 1 as follows:

Preparations when extemporaneously dispensed and endorsed	Fee per script (pence)
(a) "Extemporaneously dispensed"	
(i) Unit dosage forms	252 per 10 or part thereof
(ii) Liquids being "special formula preparations"	126
(iii) Liquid preparations prepared by straightforward dilution (not including reconstitution)	76
(iv) Special formual powders	
(v) Ointments, creams, pastes being "special formula preparations" (not including dilutions)	126
(vi) Ointments, creams, pastes prepared by dilution or admixture of standard or proprietary preparations	101
(b) "Aseptically dispensed"	
(i) Unit dosage forms	958 per 10 or part thereof
(ii) Non-unit dosage forms	655
(c) "Extemporaneous sterilization" Liquids, semi-solids, solids prepared with a BP sterilization process	655
Appliances and dressings	
(a) (i) Elastic hosiery requiring measurement and endorsed "measured and fitted"	101
(ii) Repairs to elastic hosiery	101
(b) (i) Trusses requiring measurement and endorsed "measured and fitted"	206
(ii) Repairs to trusses	101
(c) Stoma appliances, suprapubic belts, incontinence appliances	
(i) Replacement of complete appliance	151
(ii) One or more types of spare parts and accessories	101
(d) All other appliances and dressings	25
Bulk prescriptions for schools or institutions	302
Additional fees	
(a) Where liquid preparations extemporaneously dispensed other than at 2(a) (iii), 2(b), and 2(c) are ordered to be supplied in more than one container, each extra quantity ordered	50
(b) Where a preparation which requires the addition of a vehicle/diluent/by the pharmacy contractor results in a liquid of stability of less than 14 days, and for pharmaceutical reasons necessitates supply in more than one container and the prescription form is endorsed with the number of extra quantities supplied, for each extra supply	50
(c) Where the prescription is for a Controlled Drug and is endorsed "CD" by the contractor	50

3. On-cost and basic practice allowance

These payments are to remain at their 1985/86 values.

. Urgent fees

	Fee per call out	
	resident	non-resident
When the script is endorsed "urgent" and dispensed between closing time and 11pm on days other than Sundays and public holidays	475	1150
or endorsed "urgent" by the prescriber, or "dispensed urgently" by the pharmacist and is signed by the patient and dispensed between 11pm and opening time or on Sundays and public holidays	625	1375

. Rota fees

From April 1 rota fees are £6.00 per hour weekdays and £14.25 per hour for early closing days, Sundays and public holidays.

. Pre-registration training grant

The grant in the year commencing June 1 is raised to £2,200 pa.

. Oxygen service remuneration

The "in hours" rates have been uplifted for deliveries by urgent rates of £8.13 (closing time to 11pm) and £10.00 (11pm to opening time and all day Sundays and public holidays). The following scales of professional fees relating to Part XB para 4c of the Drug Tariff will be paid from April 1.

	0-3 miles £	Over 3-5 miles £	Over 5-10 miles £	Over 10 miles £
a.	12.27	17.51	19.52	26.55
b.	20.40	25.64	27.65	34.68
c.	22.27	27.51	29.52	36.55
a.	11.02	16.28	18.29	25.33
b.	19.15	24.41	26.42	33.46
c.	21.02	26.28	28.29	35.33
i.	11.02	16.28	18.29	25.33

		resident £	non-resident £
v. a.	Set and cylinders	5.85	5.85
	Cylinders only	5.27	5.27
	Masks only	.24	.24
b.i.	Set and cylinders	10.60	17.35
	Cylinders only	10.02	16.77
	Masks only	4.99	11.74
b.ii.	Set and cylinders	12.10	19.60
nd	Cylinders only	11.52	19.02
c.	Masks only	6.49	13.99

Set rental increases to 159p per month.

Essential Small Pharmacies Scheme

SPS payments shall be:

RX per annum	Annual payment £
6000- 6999	5500
7000- 7999	5000
8000- 8999	4500
9000- 9999	4000
10000-10999	3500
11000-11999	3000
12000-12999	2500
13000-13999	2000
14000-14999	1500
15000-15999	1200
16000-16999	900
17000-17999	800
18000-18999	700
19000-19999	600
20000-20999	500
21000-21999	400
22000-22999	300
23000-23999	200

Payments will now be made monthly in arrears in 12 equal instalments.

NPA campaign: public response

"It pays to advertise" is the message from NPA director, Tim Astill following the latest Marplan survey on the public's use of the pharmacy as an advice source.

Results of last month's survey showed a dramatic improvement in the public use of the pharmacist as a health care adviser over the five-year period the NPA's "Ask your Pharmacist" advertising campaign has been running. The first advertisement appeared in Spring 1982.

	1982 per cent	1986 per cent
Would you consider asking your pharmacist for advice: on OTC medicines?	42	65
on prescription medicines?	20	34
on minor ailments?	37	51

Unlicensed PIs — summons time?

Summons for illegal importation of unlicensed medicines could be issued this week by the DHSS against at least one large importer.

Investigations have been in progress for some months and pressure is being put on Ministers by several MPs demanding firm action to protect patients. The Department believes it already has enough evidence for at least an exemplary prosecution, and others may follow.

...contractors under threat too

The National Pharmaceutical Association understands that pharmacists who supply parallel imports are being threatened with legal action by pharmaceutical manufacturers.

Such action would be on the grounds that pack design and design and contents of inserts is in breach of copyright held by the UK manufacturer. The NPA says no specific details are available but any manufacturer attempting such action may face difficulties like those encountered by the DHSS over the "HD" endorsement scheme under the Treaty of Rome.

"All about Family Planning Services" is the third leaflet for the Health Care in the High Street scheme. It replaces the DHSS Drug Abuse leaflet which was scheduled for April. This will now be sent out in May with further eight-weekly mailing throughout the year

The NPA Board wholeheartedly endorses the Pharmaceutical Society's Council statement on PIs (*C&D* last week). And as directors of the Chemists Defence Association it remind members that they are not covered against claims arising from the unauthorised substitution of unlicensed parallel imported medicines.

API takes stock

The Association of Pharmaceutical Importers is considering the various options open to it following the Society's Council statement on PIs.

One would be to seek advice about the legality of restricting trade in medicines whose PL(PI)s are pending. The API takes issue with the fact that it could be considered unprofessional conduct to supply medicines for which PL(PI)s have been applied for but not yet granted.

ABPI questions Spanish imports

The Association of the British Pharmaceutical Industry has written to the DHSS questioning its decision to accept applications for PL(PI)s for products from Spain.

The ABPI says that Spanish legislation regulating the conditions for marketing approval of new medicines does not yet comply with the relevant European Community Directives. A new law, in draft since at least 1985, is not expected to be approved for another two years.

The ABPI says the Department should avoid wasting limited resources in reviewing PL(PI) applications for products which cannot legally be imported on patent grounds.

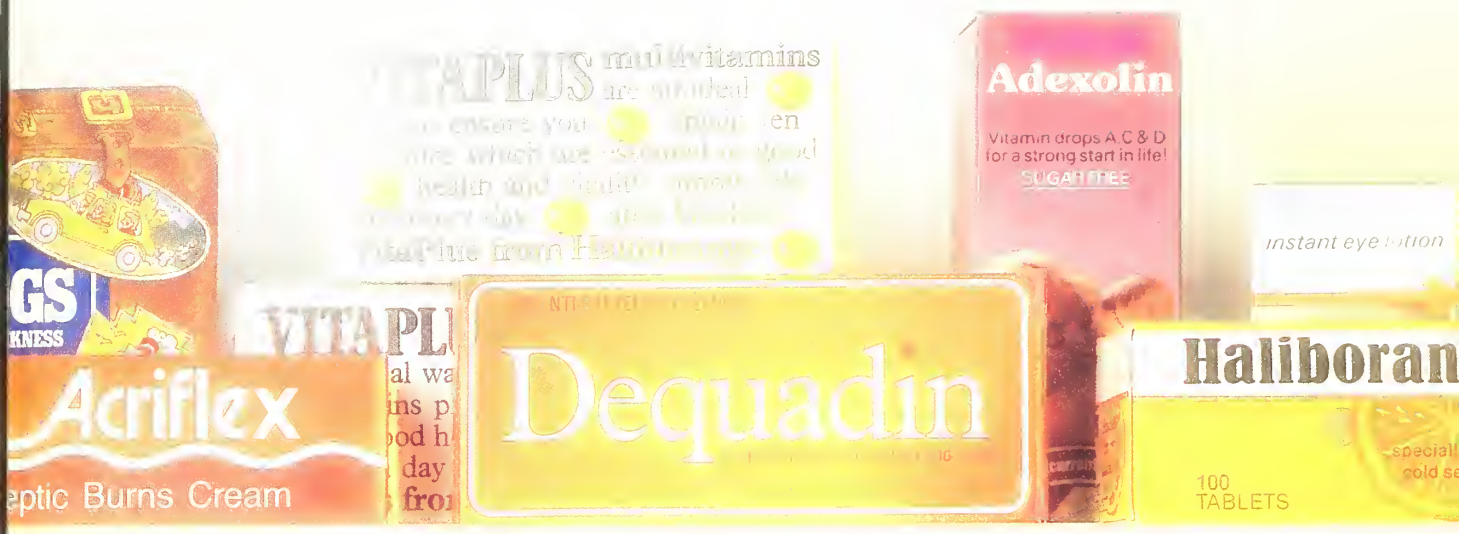
You may well be surprised to see names like Haliborange, Nylax and Dequacaine under the Evans banner.

But from now on all these famous OTC brands are part of our portfolio.

That's particularly good news for pharmacists because it means the unique Evans philosophy will now hold good for a these extra brands.

That philosophy enables you to buy all our products, both generic and OTC, throug wholesalers. So you can buy as much or as

EVANS



ittle as you want on a day to day basis without any worries about overstocking.

It's all part of Evans commitment to help the pharmacist make the most of his business. And that's why we'll be offering generous seasonal discounts on selected products, and giving our OTC brands extensive consumer advertising and effective P.O.S.

So from now on we're sure you'll have even better reason to say

Evans
A member of the Glaxo Group

ABOVE

MYCOTA. IT WILL WALK OFF THE SHELF.

- Mycota is the fastest growing brand for the treatment of athletes foot.
- This prominent new display unit ensures maximum visibility for Mycota a the point of purchase - makes selling easy.
- Hard hitting national press advertising starts May 1 to run throughout the summer.

CROOKES

DON'T BE CAUGHT WRONG-FOOTED. STOCK AND DISPLAY MYCOTA NOW.

Drug prices 'fixed' until PPRS talks complete

There are to be no general changes in the manufacturers' prices of drugs covered by the Pharmaceutical Price Regulation Scheme until present negotiations to renew the scheme are completed.

Negotiations, which started last year, continue with a view to introducing a renewed scheme during 1986-87, Health Minister Barney Hayhoe announced in the Commons last week.

However, the DHSS emphasises that it is not its intention to seek further price cuts across the board with the introduction of a new scheme. There is not a general price freeze until the new scheme is introduced — individual negotiations between the DHSS and companies will continue.

Mr Hayhoe also announced price reductions for generic drugs (*C&D* March 15 p471) and a 1.5 per cent increase in the rate of discount recovery to an average 7.5 per cent — subject to revision following a full discount inquiry to be done on April invoices and to be complete by early 1987. Taken together these two changes should save nearly £30m, Mr Hayhoe said. The generic price cuts account for £10m.

"Estimates from various sources suggest that parallel imports account for a small fraction of NHS medicines," the Minister continued. "All discounts on both domestic and parallel imported drugs will be identified by the discount inquiry. When this information is available I will consider how to modify the system to ensure the arrangements are fair to all."

The current increase in the discount scale does not include parallel imports. PSNC has consistently opposed the introduction of an across the board increase in discount to take account of parallel imports because not all contractors use them.

C&D understands it is unlikely that the DHSS will introduce a method of recovering PI discount during the next financial year. The Department recognises that backdating PI discounts would not be easy or equitable. Both sides are determined that a clawback situation should not arise again.

The new discount scale arises out of joint discount monitoring held by the DHSS and PSNC during Autumn 1984. Since the new scale is to be applied in April, and there is to be no retrospection, it is estimated that contractors have been able to "keep" over £21m in the interim.

The major part of the increase in the discount available to contractors comes from increased competition in the generics sector. The PSNC argued the rate of discount recovery proposed by the DHSS down by 0.5 per cent on the grounds that any variance between Drug Tariff and generic prices should be reflected by a change in Tariff prices. Since universal price reductions would discriminate against those manufacturers that provide an extensive range of products, prices have been reduced on those drugs that are already extensively price cut.

The Department is currently involved in discussions with generic manufacturers on the "S" List to see whether the drugs in the list should be categorised elsewhere. While officials do not want to get away from the competitive element in generic pricing they would like to see more stability.

An increase in direct buying has also contributed to the increase in discount. But discount rates from the major wholesalers have remained almost static for the past 18 months.

Action urged on 'mega-scripts'

Contractors are urging the PSNC to take action over the 50 per cent increase in the past two years in prescriptions for over 30 days supply of medicines.

A survey of 190,000 scripts in August 1984 showed 8.49 per cent were for in excess of 30 days supply. A similar survey in July 1985 on 150,000 scripts showed the figure had risen to 12.78 per cent.

PSNC says it will be bringing strong pressure to bear on the Department of Health to revise the fee structure.

Mr Mike Brining, PSNC's financial executive, said: "Doctors seem to be showing financial sympathy for their patients by prescribing for longer periods as the cost of prescriptions has risen. However, we estimate this is costing the NHS more than £30m a year."

Mr Peter Boardman, who carried out the survey, said: "This trend is likely to be accelerated by the latest prescription charge increase which will only bring in some extra £14m to the Government, as against our estimate of £30m lost in wastage through long-term prescriptions. Prescribing for periods of up to three months makes no medical sense."

Unichem's marketing director Bill Hart (centre) and non-executive director Frank Jamieson (left) returned to their former place of study, Chelsea School of Pharmacy, to lecture to students on the wholesaler/retailer relationship. Keeping an eye on his two former pupils — he taught them in 1956 — was Dr Norman Harris, who still lectures at the school

Group looks at NHS drug costs

The Department of Health is setting up an informal working group to look at the pricing structure of medicines supplied on the NHS.

Minister for Health Barney Hayhoe decided to set up the working group following "concern over the arrangements for the financial regulation of medicine distribution through the Pharmaceutical Price Regulation Scheme and the NHS retail pharmacy reimbursement system."

The move follows an initiative by the Pharmaceutical Services Negotiating Committee to set up round-the-table discussions with manufacturers and wholesalers on anomalous pricing of branded products and price cutting in the generics sector.

Along with the PSNC, the Association of the British Pharmaceutical Industry and the National Association of Pharmaceutical Distributors are to be represented on the working group. The DHSS will provide an independent chairman. Other parties will be allowed to provide evidence at the group's discretion.

The Department is hoping the group will come up with methods of improving the way it adjusts the prices it pays for medicines following changes taking place due to market forces. It will also look at allowances for wholesaler margins, and the relation of that to pharmacist reimbursement.

The PSNC is hoping the group will recommend ways of rationalising current price structures to cut out some of the anomalies. "At present any averaging system for the reimbursement of drug costs is unfair," commented chief executive Alan Smith.

The group is expected to report to the Minister for Health by July 1.

TOPICAL REFLECTIONS

by Xrayser

The Bill . . . ?

As *C&D* went to press this week health ministers were preparing to publish their Bill giving Secretary of State Norman Fowler fresh powers to set the terms of pharmacists' contract with the NHS.

The measure — which will not be contested by the Opposition — will strengthen government control over the contract. The Pharmaceutical Services Negotiating Committee has always maintained the Minister had adequate powers under existing legislation.

Camoquin to be withdrawn?

The Department of Health may soon order temporary withdrawal of the antimalarial Camoquin which has been under urgent investigation by the Committee on Safety of Medicines for the past month.

The Department is expecting advice "within days" from the CSM about the drug following what the DHSS says are "enough curious adverse reaction reports to draw their attention to it." It is understood the availability of an alternative will be a large factor in deciding on a possible ban.

All green for Green Paper

Health ministers plan to publish the Government's Green Paper on primary health care before the Easter recess on March 27.

The consultative document will set out a wide range of options for improving patient services, cutting GP workloads, and cutting the cost of family practitioner services, especially the drugs bill.

The Green Paper is expected to suggest ways in which pharmacists might play a wider role in health care. One suggestion canvassed by ministers is for pharmacists to offer patients some form of consultation over minor ailments, with the provision of consulting cubicles.

The Government is expected to propose a consultative period of at least six months, after which a White Paper will be produced. But it is unlikely that the necessary legislation will be proposed before the next general election.

Instant Kodak

The postman brought me a parcel from Kodak this week. I wasn't expecting anything so I opened it, feeling like Christmas was here again. Nice. And it wasn't so far off the mark either.

It contained details of how Kodak are taking positive steps to help those customers who have Kodak instant cameras (*C&D*, last week p512). I think their offers for the various models remarkably fair, even generous. Particularly as they are offering a cheque payment for those who, for business reasons, really do need a camera which will give an "instant" result. I am doubly pleased as I sold a number of Kodaks to local estate agents who were less than happy to learn of their demise.

The only irritation from my point of view now is what Polaroid do I show them? We learn of yet another range, the 700 series, naturally improved out of all recognition from the earlier models which will undoubtedly be superceded. I recently bought half a dozen of the 600s which doesn't please me much, particularly as I'll bet we have to stock yet another lot of films to match these new cameras. Progress of course.

Stock loss?

We are all familiar with this marvellous euphemism for the discrepancy between purchase expenses and the calculated income from them. We regularly look at the shop layout so as to make sure cosmetic stands are so sited that they are always in line of sight from where the staff are working. Nothing we like better than seeing eager hands reaching out to pick up stock, of course. It's what happens after that which concerns us.

Anyway we found apparent sales dropped by about a fifth after our last change round in the Autumn. While the rep appeared disappointed we were over the moon, reckoning we actually sold all the items that moved. Preliminary profit figures for the year look good, and seem to confirm our most sanguine hopes. But after looking at the stands the other day I called the girls into the stockroom and said I was going to give them a rollicking. There were far too many gaps on Rimmel, our basic range. Whole sections with only one or two items. And where were the Cyclax offers? I couldn't see them...

Silence. Without a word the girls disappeared into my office. "Is this a mutiny, I thought? Have I been unreasonable again?" But no, the stock book and the packing slips revealed all. On the last order, 18 of Rimmel's lines were marked "Out of stock — please re-order." The previous two orders were similarly decimated. No wonder there were gaps, and the rep disappointed with sales.

I'm not all that thrilled either, since the period covered Christmas, a time when impulse and indulgence sales are at their highest. As for Cyclax? I haven't seen the rep for months! I pass this information on in the hope it will stir things up a bit.

PI rules...OK?

I don't think it OK at all, but at least for the first time our Society has come off the fence and given us clear guidelines. We may buy and dispense PIs so long as, and only if, they have a UK product licence on each pack. Without this we shall be guilty of professional misconduct in even having them on our shelves. Which doesn't affect me since I have none anyway.

But what do we do now? Buy the things to make the better short-term profits, even if we have to go through the explanations demanded by suspicious customers? I still find myself reluctant to do anything to further jeopardise the fragile price structure of the industry, but suspect the damage is already too far advanced for my puny buying power to make much difference.

It's a pity PSNC didn't also get off the fence earlier with directions to contractors. There will have to be a conference soon between all affected parties, DHSS, APBI, PSNC, Uncle Tom Cobbley and all, to cobble up some kind of price compromise so we poor pharmacists will know where we stand.

La belle label

It is inevitable. I shall get myself a computer driven labeller. It's been on my mind. So, a while back, having looked into the formats I ordered labels on perforated paper, of the right size so that when I get a machine I'll be able to use it right away. Not only that, I reasoned we could be getting used to the label size, which can carry more information than my old peelables. I've gone back to them, however.

These new computer reeled labels are distinctly mucky. My typewriter rapidly became full of circular waxed paper punchings and the platen became glazed so that it would not turn up the next label square to the lines. It's very disappointing. I find myself wondering what sort of mess Epson printers get into in constant use, and how to clean them out.

COUNTERPOINTS

More Just Desserts...

Beauty Basics have added new products and packages to the Just Dessert bath range.

All the lines except for rainbow bath salts are available in lime, vanilla and peach fragrances. Bathing foam comes in a transparent tube (200ml, £3.25) and a jumbo tube holds six foaming baths, two of each fragrance (6 × 30ml, £6.50).

A shower gel has been introduced (200ml, £3.25) packaged in a white tube with matching top. Rainbow bath salts are available in 30g (£1.25), 300g (£3.50) and 500g (£6.25) tubes. 30g pots retail at £1.25 and a tube containing one each of the fragrances at £3.25. Miniature bath oil bonbons come in 30g pots (£1.50) a tube of three pots (£4.75) a bonbon box (£4.50) and a bonbon traveller (£5.50).

Just Desserts shampoo is in a tube with 50ml pots of each fragrance (£3.25).

New gift assortments are available. Just Dessert foam bath, glycerine soap and a gift bag combining the two are now available in a new iced lemon fragrance. POS material is available from *Beauty Basics Ltd, Unit D, 51 Calthorpe Street, London WC1X 0HH.*

Fizzy formula

Allergan have reformulated their Hydrocare protein remover tablets. New Fizzy protein remover tablets have a fast dissolving effervescent formulation. Price details and pack sizes remain unchanged. *Allergan Ltd, Turnpike Road, Cressex Industrial Estate, High Wycombe, Bucks.*

Spencer brace themselves...

Spencer have developed a thumb brace specifically for arthritis and tenosynovitis sufferers.

The brace is designed to both support and immobilise the first two joints of the thumb — while still allowing free movement to the top of the thumb, the fingers and the palm crease.

Made of dual compression elastic material, and with Velcro fastenings for easy application and adjustment, the thumb brace incorporates two lightweight splints which can readily be re-formed to provide the correct individual angle of support needed.

The splints may be easily removed for laundering purposes, or when less support is required. The brace is available in either left or right-hand versions (trade £4.60, rsp £7.50), in four sizes, determined by the wrist circumference: xs 4½-5½in (115mm-140mm); sm 5½-6½in (140mm-165mm); med 6½-7½in (165mm-185mm); lge 7¼-8in (185mm-205mm). *Spencer (Banbury) Ltd, Spencer House, Britannia Road, Banbury, Oxon OX16 8DP.*

Single launch

"Singles" are the new vegetarian one-serving meals from the Health and Diet Foods Co. Ltd.

Available in four varieties — Italian style vegetarian bolognaise, American style vegetarian mince, Hungarian style vegetarian goulash and Mexican style vegetarian chilli — the packet mixes retail at £0.69. *Health and Diet Foods Co. Ltd., Seymour House, South Street, Godalming, Surrey GU7 1BZ.*

Hot offer on Nuwarm bottles

In addition to a 5 per cent discount for orders placed between April 1 and September 30, ICML are offering retailers Edinburgh International hand cut lead crystal glassware on the Nuwarm hot water bottles range.

Anyone spending between £250 and £300 will qualify for six whisky tumblers; those spending between £300 and £350 will qualify for six highball tumblers; between £350 and £400 would qualify for six brandy glasses and those over £400 would either qualify for half-a-dozen hock glasses or a spirit decanter.

Promotion prices apply across the range. A fully illustrated brochure announcing ICML's Nuwarm hot water bottle range for the 1986-87 season will be sent to all independent chemists in April. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wilts.*

SCRIPT SPECIALITIES

Modrasone cream and ointment

Manufacturer Kirby-Warrick Pharmaceuticals Ltd, Mildenhall, Bury St Edmunds, Suffolk IP28 7AX
Description Cream and ointment each contain 0.05 per cent alclometasone dipropionate. The cream is in a white emollient base with chlorocresol preservative. The ointment is preservative-free.
Uses Inflammatory and pruritic conditions associated with corticosteroid responsive dermatoses
Dosage *Adults and children* a thin film of cream or ointment should be massaged gently into the affected area until it disappears, two to three times daily.
Contraindications Hypersensitivity to any of the ingredients. Rosacea, acne, peri-oral dermatitis, tuberculous and viral lesions of the skin, particularly herpes simplex, vaccinia, varicella. Not for use in bacterial or fungal infections
Warnings side-effects etc As for topical steroids. Should not be used extensively in pregnancy. Prolonged use may cause superficial vascular dilation.
Packs Cream and ointment 15g (£1.20) and 50g tubes (£2.65)
Supply restrictions Prescription only
Product licence Cream 0201/0060 Ointment 0201/0061
Issued March 1986

Epifrin adrenaline 1 per cent ophthalmic solution is now prescription only, say *Allergan Ltd, Turnpike Road, Cressex Industrial Estate, High Wycombe, Bucks HP12 3NR.*

Stromba 5mg tablets will shortly be available as a calendar pack of 56 tablets (£17.94) from *Sterling Research Laboratories, Onslow Street, Guildford, Surrey GU1 4YS.*

The Multiload Cu250 Short IUD is now available on Drug Tariff in Scotland and Northern Ireland. Tariff approval was granted for England and Wales from January 1. *Organon Laboratories Ltd, Cambridge Science Park, Milton Road, Cambridge CB4 4FL.*

Diconal tablets are being repackaged in 50s. The new blister packs contain five strips of ten tablets (£3.68 trade). Stocks of the 100-tablet bottle are exhausted, say *The Wellcome Foundation Ltd, Crewe Hall, Crewe, Cheshire CW1 1UB.*

Merieux Tetavax single dose ampoules will shortly be available in a pack of five (£2.35 trade). It is the first of the Merieux products to be marketed in this country by Merieux UK, a recently set up subsidiary of the French parent company. Other Merieux products will continue to be marketed by Servier Laboratories until licenses are changed. *Merieux UK Ltd, Fulmer Hall, Hay Lane, Fulmer, Slough SL3 8HH.*

More Mum and a new look

Bristol-Myers are relaunching Mum and introducing new Mum solid (£1.45).

Targetted at the young, the solid deodorant stick will be available in four variants — wildflower, noir and unperfumed. An introductory £1.19 price-marked pack will be available.

At the same time, Mum roll-on and refill labels are being updated. Bristol-Myers are supporting the Mum relaunch with a £1.3m national television advertising campaign from May to August, and featuring the Mum roll-on. A merchandiser for POS will be available from *Bristol-Myers Co Ltd, Swakeleys House, Milton Road, Ickenham, Uxbridge UB10 8NS.*

Triple push from Braun

During Spring, Braun's 100 and 200i shavers and the Lady Braun come with free batteries. A free set of white kitchen scales is offered with the UK1 multipractic deluxe food processor from March. And the independent butane powered stylers are advertised on travel agents' ticket wallets. *Braun (UK) Ltd, Dolphin Estate, Windmill Road, Sunbury-on-Thames, Middlesex.*

Hanky roll

Peaudouce are rolling out their Lovmi pocket hankies range.

The tissues were initially introduced on limited distribution last Autumn to test consumer response. This test has proved successful, says the company, thanks to pack design and competitive pricing.

The roll-out will be supported by regional Press advertising during the year and there will also be a special cash and carry pack available. *Peaudouce (UK) Ltd, Rye Road, Hoddesdon, Herts.*

Carmen's credit

From April 7 all House of Carmen goods returned for credit should be forwarded to *Carmen Technical Division, 5&7 Priestley Way, Crawley Industrial Estate, Sussex RH10 2NT.*

Fade to Bellair

Bellair Cometics plc have been appointed the exclusive UK distributor for Skinicles fade cream. All orders and inquiries should be directed to: *Bellair Cosmetics plc, New Road, Winsford, Cheshire CW7 2NX.*

Chefaro Proprietaries Ltd are no longer distributors for Seatone or any other product previously marketed by Dietary Specialities Ltd.

PHARMACEUTICAL IMPORTS

Worried about the legality of your P.I. Supplies?

COPEAIRN LTD offers pharmacists the following guarantees:

* Wide range of **FULLY LICENCED** products
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* All products **RE-LABELLED** in **ENGLISH**
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or write to: **COPEAIRN LTD, 55-57 FLIXTON ROAD, URMSTON, MANCHESTER.**

Touch of Elegance...

A new range of fashion tights has been launched by Bear Brand Hosiery.

Pale pink packs and two display units launch the Elegance range which will retail at £0.69 for the plain and £0.99 for the patterned. The range is available in a 9in × 7in flat drapery pack for the patterned tights. There are two styles — petal and bows — 15 denier one size tights across nine colourways.

The plain tights, in a half pack, are also 15 denier and one size, and have 15 colours. Two colour co-ordinated merchandisers have been designed to hold Elegance. *Bear Brand Hosiery, 93 High Street, Bromley, Kent.*

Add a Second Skin

Undercover have redesigned their throwaway pants under the Zero label. Second Skins are directed towards the 16-25 age group, says the company.

A matching 20-pack counter dispenser is offered. The product sells at £0.69 per pack of three and will be supported by "substantial" womens Press and radio advertising later this year. *Undercover Products (International) Ltd, Units 6 and 7, Whitegate Industrial Estate, Wrexham, Clwyd LL13 8YR.*

Imperial offers...

Cussons will be running on-shelf promotions across the Imperial Leather range from April 7 until the end of May.

Imperial Leather bath foam will be offering 'three free baths': 560ml for the price of 500ml. And there will be price promotions on the talc — 100g, 250g and 400g sizes — and the shower gel.

Cussons say the activity will "...maintain our aggressive stance in the toiletries market, keeping up the momentum of the brand". *Cussons (UK) Ltd, Kersal Vale, Manchester M7 0GL.*

For the very best in Haircare Accessories ....
....Pick a card!
Lady Jayne
Lady Jayne
LAUGHTON ENGLAND
Pack Pat No 1 534 273
1J430
Laughton & Sons Ltd., Warstock Road, Birmingham B14 4RT

Leo Labs move into OTC field

Leo Laboratories are relaunching Opas tablets and powder and Opazimes this week as the first part of a programme intended to establish them as a new force in the OTC field.

Leo acquired the brands last April from Wigglesworth, along with Emoform toothpaste and Vesagex. "We have been looking for some years to get into the OTC field," says group marketing manager Joe Kyle. "We thought we would have a better chance going in with a group of established products.

"Each product has a unique selling proposition which has not been exploited before. We are now ready for a strong but sensible programme — we are not looking for multi-million pound sales that we cannot sustain and build on.

"There has been a whole spate of ethical companies going into the OTC market. But unlike some others we have not been forced into it through the limited list — none of our products were affected."

To be sold only through pharmacies, Leo have branded their OTC range "Quality care" — the logo is carried on all new packs and is designed to appeal to women purchasing family medicines. To date the company says it has about 12 products being evaluated for possible launch in planned phases over the next two to three years. Some will be products Leo already sell in OTC markets abroad.

In the Opas range, now packed in a muted green outer, the 200g powder has been replaced by a 100g size. Prices have been increased but POR remains 24 per cent. Opazimes are now packed in a mustard yellow outer. The new packaging was put together by Brimacombe.

Leo estimate the indigestion remedy market in chemists (including Boots) to be around £26m at rsp — that for anti-diarrhoeals is put at £5.5m. In the independent chemist Opas currently has 83 per cent distribution and Opazimes 55 per cent. Leo are looking to achieve total sales of £985,000 at rsp in the OTC sector this year, with Opas accounting for 40 per cent and Opazimes 15 per cent. Plans are in the pipeline for Emoform and Vesagex.

The relaunch is being backed by a £250,000 (at rate care prices) advertising campaign. A national campaign for Opas breaks in the tabloid newspapers — *The Dail Mail, The Sun, The Daily Express, The Daily Star, The Daily Mirror* and *The Sunday Post*. The campaign runs until July and will be repeated pre-Christmas. The adverts recommend the product for nervous indigestion and are flashed "only at chemists".

Opazimes will be advertised in womens magazines and the *TV Times* from June to September and also before Christmas, with 76 per cent of the target audience having six opportunities to see.

In-store, pharmacists will be supplied with a counter dispenser and consumer leaflets explaining the causes of indigestion and diarrhoea, shelf strips and a drop fee rear access dispenser for Opazimes. *Leo Laboratories Ltd, Longwick Road, Princes Risborough, Bucks HP17 9RR.*

Ads for Crookes

Crookes are continuing their Press advertising for Anodesyn in 1986 from May through to December, with, they say, their biggest ever spend of over £150,000.

As well as national Press — *The Sun, Daily Telegraph, Daily Mirror, Daily Mail, Sunday Express, Sunday Mirror, News of the World* and *Sunday People* — the product will be advertised to new mothers and the elderly through specialist publications.

PR Spray is also appearing in the national Press from April to October. *Crookes Products Ltd, PO Box 94, 1 Thane Road West, Nottingham NG2 3AA.*

Clarins (UK) Ltd have moved to *4 Queen Street, Mayfair, London W1X 7PH* (tel: 01-629 2979).

Combe International now have their own sales force and inquiries about the Trainer Tamer insoles offer should go to them, not as stated in *C&D* March 15, p486.

Lever Frish for new product

Lever Brothers are introducing Frish in a toilet rim block (50g, £0.59).

Frish lavatory freshener has a plastic cage to hold the green block, which is said to fit 90 per cent of all UK toilet bowl rims. And it is displayed in a transparent container — fully sealed to preserve the perfume.

The product will be supported with a £2m advertising package. Lever Brothers expect that 80 per cent of all homes will see a new commercial, to be screened nationally, nine times this year. £0.5m below the line support will include precinct sampling operations and door to door sampling in selected areas supported by local radio advertising. A poster campaign will start in June in high streets throughout the UK. *Lever Brothers Ltd, Port Sunlight, Birkenhead, Merseyside L62 4XN.*

Trial cologne

Alberto Culver are promoting their 4711 eau de cologne with an 8ml trial size molanus bottle, for £0.99. The promotion, which features 24 bottles packed in an eyecatching display unit, is available while stocks last from *Alberto Culver Ltd, Houndsmill Industrial Estate, Telford Road, Basingstoke, Hants.*

Teddy in Lace

Smith & Nephew are offering a free black lace teddy (camisole and knickers combined) with three cap stickers from any of the six fragrances in the Limara body spray range.

The teddy, which normally retails for around £9, can alsc be obtained for £1 with two proofs of purchase. Throughout March and April, 250,000 Limara body spray cans will carry a swing tag, with a photograph of a model wearing the teddy, and full details of the offer. *Smith & Nephew Consumer Products Ltd, Alum Rock Road, Faltley, Birmingham B8 3DY.*

Shoo news

Torbet Laboratories are supporting the launch of Shoo insect repellent wipes (10 sachets, £1.59) with an introductory offer to retailers of 12 packs for the price of ten. *Torbet Laboratories Ltd, Boughton Lane, Maidstone, Kent ME15 9QQ.*

Carnation Build-up® stocks.

Carnation Build-up® customers.

Carnation Build-up® sales.

Carnation Build-up® profits.

rnation Build-up ıs half a pint of into a delicious sfying meal. Available choice of six appealing ours.
commend **Carnation d-up** for those who can't take a normal diet – providing protein, energy, vitamins and minerals to help them through to recovery. Even more welcome when they can't see any alternative...

Build-up

Carnation Build-up®

Add milk to make a complete high protein meal

Carnation Build-up only from chemists

tion Build-up is a red trade mark.

Carnation Health Care,
36 Park Street,
Croydon, Surrey CR9 1TT

If there's one hot pro
it's the modern ele

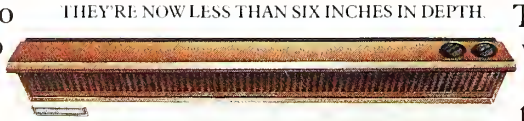
There are few people better equipped to recognise an attractive proposition than estate agents. So when Fraser Wood, Mayo and Pinson, leading Walsall agents, made improvements to their own habitat they went straight to their Electricity Board.

ALL MOD CONS.

An up-to-date heating system was, as ever, a first requirement. With up to seventy customers visiting their showroom each day, plus four partners and a staff of twenty in the adjacent offices to keep warm, they needed an effective and cost-efficient solution.

While other systems demanded lengthy pipe runs and threatened significant structural alterations, electric storage heating offered that very solution, with a l capital cost, and swift, trouble-free installation.

SOME MODERN STORAGE HEATERS ARE SO SLIM, THEY'RE NOW LESS THAN SIX INCHES IN DEPTH.



LOW RUNNING COSTS.

Thanks largely to effective contr which make full use of low-cost, nig rate electricity, the running costs ha turned out to be, in partner Rog Pinson's words, "remarkably low."

"We have an outside weather sensi control which automatically decides h much heat should be stored. It's unbelievab efficient," he beamed, "I didn't realise how controllab these systems are."

ATTRACTIVE ASPECT.

The new materials that make modern electric stora

rty they value highly, ric storage heater.

aters so effective allow them to be built much slimmer me are less than 6 inches in depth), so they blend o modern commercial premises as unobtrusively as ey do in modern homes.

"They really look quite pleasant," added Roger nson, "I won't have anything else in future." And on that are pleased to say, he is sold.

HOME IMPROVEMENTS

All the benefits of modern electric storage heaters e equally applicable to domestic use. Which is of course od news for the public as well as businessmen.

If you're in the market for an up-to-date ating system for your premises, cut out the upon or phone Freefone BuildElectric and e what we've got on our books.

GET MORE FOR YOUR MONEY

Please send me more information on energy-efficient electric heating. Post to: Electricity Publications, PO Box 2, Feltham, Middlesex TW14 0TG.

Dimplex
Creda
UNIDARE

Name

Position

Company/Address

Post Code Tel

HEATELECTRIC

The Electricity Council, England and Wales.

Vestric soften up on hair

Vestric are re-launching their range of shampoos and conditioners in answer, they say, to the changing demands of the consumer market.

Designed with a "soft" shelf image, the labels highlight the products' frequent wash formulation. The four variants are: henna for shine, jojoba and aloe vera for dry hair, Alpine herbs for normal hair, and oil free melissa and white nettle for greasy hair.

Vestric say they are confident of increasing their share of the £115m shampoo and conditioner market with this product range.

The 250ml bottles will have retail prices of £0.65 for shampoos and £0.69 for the conditioners. They will be on special offer from Vestric representatives during March. *Vestric Ltd, West Lane, Runcorn, Cheshire WA7 2PE.*

Kleenex ads — phase two...

Kimberly-Clark are mounting the second phase of their £1.5m advertising programme for Kleenex facial tissues with a national radio advertising campaign.

The £450,000 campaign adopts a dual approach to promoting the Kleenex range, with the current on-pack offer of cheques up to £5 featured on Northern stations and usage situations emphasised in the South.

The commercials will run for five weeks in the North and seven weeks in the South, and both variants use the television commercial message 'Kleenex tissues — our softness is our strength.' *Kimberly-Clark Ltd, Larkfield, Nr. Maidstone, Kent.*

Weighty support for Lite Legs

Scholl are backing their range of Lite Legs sheer support tights with a four week television advertising campaign.

Using 20 and 30 second commercials, the advertisements will appear on Scottish TV, Grampian, Border, Granada, Central, Thames, ITV and Channel 4 from March 3. The commercial positions the product as a fashionable accessory for hard working legs and is aimed at women in the 25-40 age group.

Marketing manager Shan Fisher commented: "Our television campaign will cover 60 per cent of the country and be backed by extensive PR and promotion support, particularly in regions outside the advertising area." *Scholl (UK) Ltd, 182 St John Street, London EC1P 1DH.*

Sun's new shine

Beauty Without Cruelty are bringing out their repackaged range of Sun care products in April.

The products will be presented in white with gold lettering, with the suntan lotion in tubes and the moisturiser in bottles. The range will also carry BWC's new logo. *Beauty Without Cruelty Ltd, 37 Avebury Avenue, Tonbridge, Kent TN9 1TL.*

Design for Life

The packaging of Quiet Life herbal tranquilisers has been redesigned by Lanes. The square-shoulder bottle has been replaced by the round-bottle shape. The change enables Lanes to bar-code Quiet Life and to include additional product information in line with new legislation. *G.R. Lane Health Products Ltd, Sisson Road, Gloucester GL1 3QB.*

Bronnley visitor

Bronnley are adding 25g travel/visitors soaps to their Water lilly range.

Available in three fragrances — Water lilly with jojoba, Water lilly with sunflower and Water lilly with aloe vera, the soaps are packed to match the rest of the range.

Soaps are supplied to trade in wicker baskets for counter display, each containing 24 assorted tablets. To support the launch, a special introductory offer of £0.35 will run until June 1, when the price will change to £0.50. *H. Bronnley & Co Ltd, 10 Conduit Street, London W1R 5AA.*

Toothy trial

Oral-B are running a trial-size promotion on their Zendium toothpaste while stocks last.

Consumers will be offered 20ml tubes of the toothpaste for a trial price of £0.20. Trial-size Zendium will come packed in 24s, in a special display outer. *Oral-B Laboratories Ltd, Gatehouse Road, Aylesbury, Bucks HP10 3ED.*

L'Onglex gets more polish

Chesebrough-Pond's are repackaging their L'Onglex nail polish remover to capture a greater share of the market, says the company.

The new plastic pack is designed to appeal particularly to 16-25 year old nail polish users. Two sizes will be available — 50ml, £0.52 and 250ml, £0.99.

Julie Banfield, group product manager at Chesebrough-Pond's comments, "The nail polish remover market is worth over

£3m and research has shown that the consumer wants a quality product at a value for money price. In its new, eyecatching packaging in unbreakable plastic, L'Onglex offers customers a trusted name with a new modern look that will create additional impact at point of sale". *Chesebrough-Pond's Ltd, PO Box 242, Consort House, Victoria Street, Windsor, Berks SL4 1EX.*

SULEO & DERBAC

Comprehensive lice treatments to put their minds at rest ...

Headlice are *much* more than worry to affected families. They are a source of embarrassment. People come to you for reassurance, advice and above all, a treatment that works as quickly as possible. Here are insecticides to meet your every need.

Recommend Suleo for rapid action – 100% Kill in just 2 hours

With Suleo the whole family can be treated in an evening.

- **100% effective** Suleo eradicates lice and eggs
- **Combats Resistance** Malathion or stabilised Carbaryl for insecticidal rotation
- **Medicated Perfume** The whole range are acceptable treatments
- **Shampoo Version Available** When an alternative to lotions is required

And Derbac, the pleasantly perfumed, water based alternative

New to the International Laboratories range, Derbac offers pleasantly perfumed treatments wherever compliance may be a problem

- Non-inflammable aqueous solutions
- Suitable for asthmatics
- Not contra-indicated for eczema or impetigo
- Ideal treatment for crab lice

SULEO & DERBAC Effective treatment for head, body and crab lice

More guaranteed products from International Laboratories
International Laboratories Ltd, Wilsom Road, Alton, Hampshire GU34 2TJ

Sure bet on '86 promotion

Unscented variants of Sure aerosol and roll-on are being introduced this month to meet the demand of active young consumers who prefer grooming products that are "high on efficacy and low on aroma". Elida Gibbs feel this sector of the market offers great potential.

A further introduction is Sure solid in the cool pink fragrance, packed in shades of pastel pink. The 1986 promotional package is a mixed media programme of television and Press with an advertising budget of £3.7m. The "rescue" and "bad men" commercials will run from April to September and a new solids commercial is being planned. The cool pink solid will feature throughout the Summer in women's magazines. An additional spend will be invested in "advertorials" in glossy magazines. *Elida Gibbs Ltd, PO Box 1DY, Portman Square, London W1A 1DY.*

Manex — Banfi's new hair style

Banfi have improved their hair care range under the name Manex, to be available from April 1.

Manex protein replenishing complex contains 10 herbs, believed to benefit scalp and hair, which provide 24 amino acids (125ml bottle, £24; 50ml spray £12.95). Used once a week for normal hair and more often for problem conditions, Manex is applied to the scalp and hair and rinsed through.

The same amino acids are included in the three Manex shampoos (normal/dry, normal/greasy and fine/thinning, 220ml £3.25) and two conditioners (normal/greasy/dry and fine/thinning 220ml £3.25), which should be used in conjunction with the replenishing complex. There is a course of Manex vitamins and mineral tablets containing nutrients needed for healthy nails, skin and hair (48, one month's supply, £5.95).

Anna Edstrom, Banfi director and hair consultant, has written a book, "Your complete guide to hair care", to be published in May (André Deutsch, £9.95), which includes the rationale behind the Manex products. Advertising plans are being finalised. *Banfi Ltd, PO Box 2JW, 37A Duke Street, London W1A 2JW.*

Giving a hand

Wilkinson Sword are offering a handy product to customers who buy one of their four scissors.

Each purchase of the 'special offer' packs of general purpose, kitchen, household and dressmaking scissors entitles the customer to send away for a manicure set at £5.50, instead of the £8.95 retail price. The manicure set is in a leather wallet and includes manicure scissors, sapphire nail file and slanted tweezers.

The closing date for customer redemptions is July 31, 1986. *Wilkinson Sword Ltd, Sword House, Totteridge Road, High Wycombe, Bucks HP13 6EJ.*

Pond's dry run

Chesebrough-Pond's are spending £2m on a television advertising push for Ponds dry skin cream from March 24.

The 10 and 30 second campaign will run in bursts during March/April, June/July and September/October. *Chesebrough-Pond's Ltd, PO Box 242, Consort House, Victoria Street, Windsor, Berks SL4 1EX.*

Krups brush-up

The latest addition to the Krups electrical range is the Dry & Curl air brush incorporating a 150W hair dryer which blows from slots in the barrel through each curl.

The air brush works on either towel-dried hair or dry hair and is ideal for full styles, says the company.

Designed in white and grey, it has an automatic curl release button, a non-tangle swivel cord, flexible bristles with "comfi" tips and an on/off switch. Model 405 has a one-year guarantee and its retail guide price is £12.95. *Krups (UK) Ltd, Motherwell Way, West Thurrock, Grays, Essex RM16 1DX.*

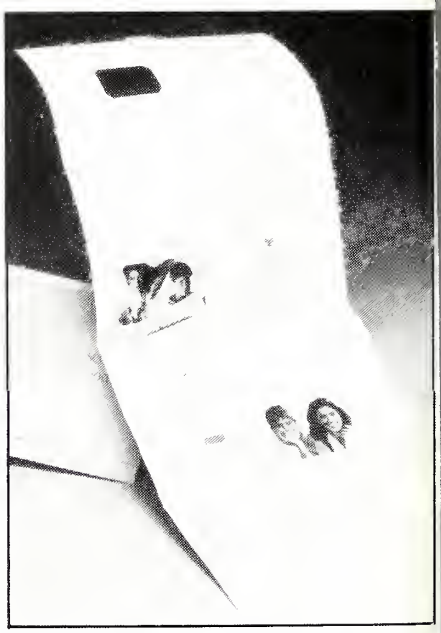
Garland of chemist goods

Garland Pharmaceuticals have introduced a new range of pharmacy sundries, including first aid bandages, breast relievers, brushes, droppers and dropper bottles, ear plugs, emery boards, eyeshades, fingerstalls, gloves, nail files, nipple shields, scissors, suspensory bandages and wrist supports. The products come in hangable packaging. A full list and prices can be obtained from *Garland Pharmaceuticals Ltd, 43 Eastgate Street, Stafford ST16 2LY.*

Vichy push with sachets

Vichy are spending £2m on promoting and advertising their Equalia, Equalia 2000 and Les Lumineuses, and new anti-wrinkle creams.

Eight million trial size sachets of the products will be distributed via a nationwide, door to door sampling campaign. Over two million £1



introductory vouchers will also be included. Vichy will be supporting this, their biggest ever campaign, with Press advertising in magazines such as *Woman's Journal, Cosmopolitan, Options* and *Slimming*.

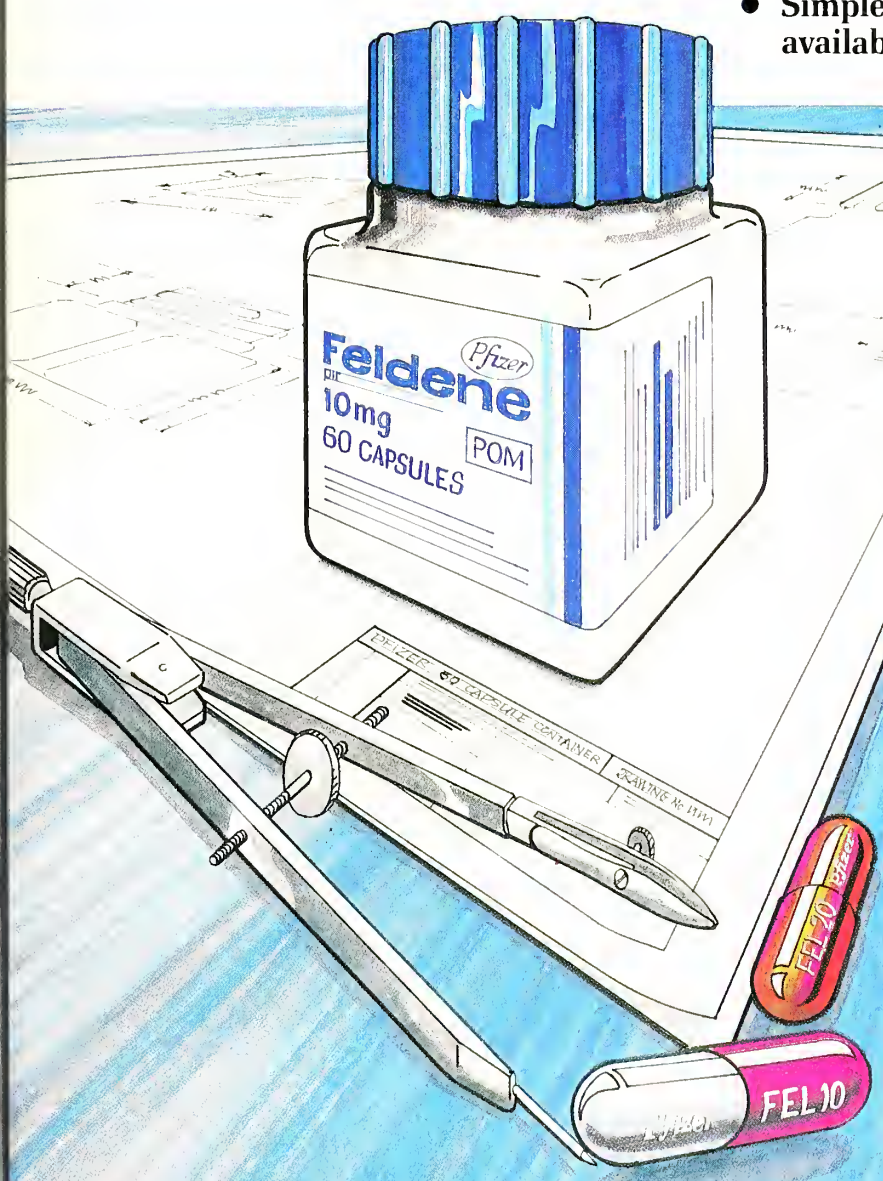
Supportive point of sale material is available from Vichy representatives. *Vichy (UK) Ltd, Ashville Trading Estate, Nuffield Way, Abingdon, Oxon OX14 1TJ.*

Specifically designed

Twelve containers used for dispensing anti-inflammatory drugs were compared and the Feldene container was found to be:

"rather more satisfactory than the others and may be preferred by certain patients."[1].

- **Large cap with ridges.**
- **Square shaped plastic bottle for easy grip.**
- **Simple to identify (a full dosage range is available to suit the patient.)**



Feldene*

piroxicam *Trade Mark

24 hour relief from pain and stiffness from a single dose.

Now Feldene dispersible tablets are also available.

PRESCRIBING INFORMATION:
Indications: Feldene is a non-steroidal anti-inflammatory agent indicated for the treatment of rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, acute gout, acute musculoskeletal disorders. **Contra-indications:** Active peptic ulceration or a history of recurrent ulceration. Hypersensitivity to Feldene. Patients in whom aspirin or other non-steroidal anti-inflammatory drugs induce symptoms of asthma, rhinitis or urticaria. **Warnings:** The safety of Feldene during pregnancy and lactation has not yet been established. Dosage recommendations and indications for use in children have not yet been established. **Side Effects:** Feldene is generally well tolerated. Gastro-intestinal symptoms are the most common; if peptic ulceration or gastro-intestinal bleeding occurs Feldene should be withdrawn. As with other non-steroidal anti-inflammatory agents, oedema, mainly ankle oedema, has been reported in a small percentage of patients; the possibility of precipitation of congestive cardiac failure in elderly patients or those with compromised cardiac function should therefore be borne in mind. Various skin rashes have been reported. **Dosage:** In rheumatoid arthritis, osteoarthritis, ankylosing spondylitis – 20mg as single daily dose; the majority of patients will be maintained on 20mg daily. Feldene may be taken with food. In acute gout, start with a single dose of 40mg followed on the next 4-6 days with 40mg daily in single divided doses. Feldene is not indicated for long term management of gout. In acute musculoskeletal disorders, start with a loading dose of 40mg daily in single or divided doses for the first 2 days. For the remainder of the 7 to 14 day treatment period the dose should be reduced to 20mg daily. Feldene suppositories: recommended dose 20mg once daily. **Basic N.H.S. Cost:** Capsules 10mg coded FEL 10, pack of 60 £9.00 (PL0057/0145) and capsules 20mg coded FEL 120, pack of 30 £9.00 (PL0057/0146); dispersible tablets 10mg coded FEL 10, pack of 60 £9.90 (PL0057/0240); dispersible tablets 20mg coded FEL 20, pack of 30 £9.90 (PL0057/0242); suppositories 20mg, pack of 10 £4.95 (PL0057/0219). Full information on request.

Reference
1. Le Gallez P. et al., Brit. Med. J. (1984). 288, 699.

Pfizer Pfizer Ltd, Sandwich, Kent.

40360

It may be hard for our competitors to take, but Vestric customers are simply better served than any others. Hardly surprising really since the familiar red Vestric vans make regular visits every day delivering vital ethical supplies to over 6,000 pharmacies.

We maintain this level of coverage with a sophisticated stocking and distribution system consisting of 18 branches carrying nearly 8,000 ethical products to meet practically every prescription need. And with the Link computer system, pharmacists can transmit t orders within seconds.

These orders are guaranteed a swift response no less than three hundred vans covering the lengt breadth of the country from isolated moorland villa bustling city centres. Each one represents a vital life bringing important supplies not just to pharmacies, hospitals too.

We also offer an equally comprehensive choic

To be taken seriously, twice a day.

. products including all the leading brands, plus
ge own label offering top quality at value for money
.
And if you want financial assistance, there's the
c loan scheme.
So if you take your business seriously, take
c now.

1966-86
Vestric
Twenty Years of Success

We're always there, we always care

Community: use of records

continued from p525

compulsory registration will be introduced. While there could be some advantages to patients, the costs would be considerable. Some would say such a system would represent an undesirable restriction of the individual's freedom of choice as well as removing one of the main advantages claimed for the present arrangements, namely the ready accessibility of the pharmacist.

Of greater potential is the medication record retained by the individual himself. This is now being tried in France and, with support from the PSGB, in a research project in the UK. In both the record looks like a credit card, allowing a large amount of information to be stored with no problems of data storage or, because the individual controls access to it, of confidentiality. A drawback is that many medicines are bought on behalf of someone else or for communal or family use; but the idea is a promising one which, if the initial trials are successful, could well be taken further.

In Canada and the USA, in addition to maintaining medication records of individuals, computers are also used for warning of potential drug interactions, keeping accounts, and calculating entitlement and claiming reimbursement for prescriptions dispensed; information is passed electronically to the paying authorities, computer to computer. Pre-coded labels assist this process. Similar developments can be expected to take place in this country: their principal benefit to the pharmacist is that they free him of routine tasks, and provide him with information enabling him, not only to perform his own functions more effectively, but to delegate in a controlled way more responsibility to his assistants.

Finally, a more extensive use of communication facilities already available, such as paging devices or bleepers, opens up all the possibility of the pharmacist remaining in charge of, and available for consultation by staff in his pharmacy without necessarily being in it. This obtains in Holland.

Dispensing will continue to be an important part of the work done within community pharmacies, but the community pharmacist's future professional role should be seen in terms of greater collaboration with other health care professionals, particularly GPs; and greater involvement with members of the public.

Developing the Professional Role

A welcome development in hospitals has been the growth of cooperation between the professions. Doctors are increasingly recognising the value of a pharmacist's advice before prescribing. We have no doubt the development of closer relations between GPs and community pharmacists would be in the interests of patients and could lead to a more efficient use of resources within the NHS. We doubt whether all prescribers are aware of the legal responsibility for a prescription which the dispensing pharmacist shares with them. Whether this is so or not, the querying of a GP's instructions can be seen as an implied criticism which is resented. This reaction is entirely understandable but if expressed can lead to a reluctance on the part of pharmacists to expose themselves to it. What is needed is a working relationship between GP and pharmacist in which prescribing and dispensing are discussed regularly and naturally between them.

At present the GP's information about medicines comes to a substantial extent from promotional material supplied by the drug companies either on paper or through their representatives. While reps operate within a Code of Practice they are in business to promote the use of their companies' products rather than to supply impartial scientific advice service to doctors.

We agree with the representatives of the British Medical Association and the Royal College of General Practitioners that there is a need to make available to GPs the help and advice which pharmacists can give preparatory to prescribing. We see this as an important role for the community pharmacist.

It would be wrong to suggest this is an area in which at present nothing is being done. In one health authority a guide to general practice prescribing is in draft; in another an experimental formulary in a small GP practice has reduced drug cost by up to 18 per cent and has led to a recognition of the help a pharmacist can give in therapeutic problems. Drug and therapeutics committees are operating effectively in some parts of the country and the PSGB, with the support of FPCs, has proposed to the DHSS that there should be informal regular meetings of GPs and pharmacists; the RCGP has made a similar suggestion.

All these initiatives are to be welcomed but we do not think they go far enough. There is a need for more systematic, though not necessarily more formal arrangements to enable community pharmacists to cooperate with GPs in order to increase the effectiveness with which medicines are used and to reduce the cost of prescribing. We understand that it has been proposed that the PSGB, in collaboration with the medical profession, should conduct a pilot experiment to study the usefulness of the reporting of adverse drug reactions (ADRs) by community pharmacists. We would support this.

Relations with the public

The giving of advice and treatment to members of the public in respect of minor ailments was, prior to the introduction of the NHS, a major part of the pharmacist's role. This included, and still includes, the giving of first aid. Following the welcome introduction of free access to the GP the pharmacist's role as a point of first consultation declined. It nevertheless

emains important, and its relative convenience has increased with the ntroduction of appointment systems in loctors' surgeries.

We noted from a Consumers Association survey that pharmacists made themselves available immediately when asked for, and that, on the whole, in esponse to potentially serious symptoms, heir advice was that the patient should see a doctor even if at the same time a nedicine was sold. Of the medicines sold, nost were judged by our medical and pharmaceutical members to be effective or the purpose, though some seemed innecessary. There were, however, some ases where sales were inappropriate. The urvey highlighted other weaknesses such s the absence of facilities for confidential onsultation, a disposition in some cases

Unacceptable practice for a retail esablishment primarily selling other goods to engage in the practice of pharmacy to enhance its commercial image'

or assistants to give advice themselves ather than calling in the pharmacist, and failure to observe fully the Society's uidelines. It also indicated a need to evelop the education and training eceived by the pharmacist to improve his bility to carry out this "traditional" role.

We believe that the service provided y the pharmacist is one that could be nore extensively used and we welcome ne steps taken by the NPA to draw eople's attention to it. It will be for the ublic to decide the extent to which they ish to make use of the pharmacist's ervices. There can be no question of orcing them to go to a pharmacist before eeing a doctor even though this might be n the interests of releasing GPs' time and educing NHS costs. But if members of the ublic decide they would rather call on a harmacist than visit their doctor, he must e ready and equipped to respond.

esponding to special needs

he final stage of dispensing is the anding of the medicine to the patient. It is nportant that advice should be available o those who would benefit from it, but it ould be an expensive use of resources to tipulate that the pharmacist must advise very patient on how to use his medicine. here are some medicaments, for example ose involving a special applicator or evice, where advice should always be ffered the first time they are dispensed. here are also some individuals who ertainly will need advice, help and ncouragement in the handling of their edicines.

One such group is the elderly who consume far more drugs than the population at large. There is a strong case, in the interest of ensuring that medicines are properly used to the benefit of the patient and of reducing NHS costs, for the pharmacist to be able to provide special counselling services to the aged. A study carried out for the Royal Commission on the NHS showed that, in two parts of the country, 69 per cent and 80 per cent of the elderly used one particular pharmacy. We think there is scope, therefore, for encouraging older people to register with a single pharmacy in which medication records would be kept and from which they could expect to receive special advice and assistance.

Anyone who is chronically sick or mentally handicapped, and who has to rely on a continuous drug regime, should be a candidate for additional support and help from the pharmacist. In most cases it will be the individuals to whom help should be given, but in some it will be the people looking after them. This is particularly true of the mentally ill. Drugs now play a much bigger role in psychiatric treatment but they require careful handling by patients. The transfer of patients into social care within the community means that they could be deprived of the support that was available to them in a hospital.

There is also scope for greater participation by the pharmacist in community supported services. Some of these, such as family planning and child health clinics, are at present covered by pharmacists employed in the hospital service. Others, related to particular illnesses and conditions, such as diabetes, may at present have no pharmaceutical involvement at all. These activities would in our judgment be best provided from within the community pharmacy service.

Domiciliary services

There are circumstances in which the pharmacist's availability to visit patients being treated at home would improve the standard of care — patients who have been discharged from hospital on complicated drug regimes; patients in receipt of terminal care, particularly where this involves the relief of pain; patients on intravenous medication or needing parenteral feeding or undergoing renal dialysis; the seriously disabled, including the blind. In some cases the service provided might take the form of a single visit to give initial advice to the patient or a community nurse on the handling of a drug regime. In others periodic visits by a pharmacist could make treatment safer and more effective.

We would envisage a good deal of specialisation in this area. It would also be

Conclusions – Community Pharmacy

10. *The law should continue to require pharmacies to be under the personal control of a pharmacist. This requirement should be satisfied if the pharmacist, while temporarily absent on other professional work, can be contacted. In the pharmacist's absence staff should be allowed to do neither more nor less than they are permitted to do in the pharmacist's presence.*

11. *Many pharmacies do not come up to the standards laid down by the PSGB. Both the PSGB and the Statutory Committee should do more to enforce them.*

12. *That part of any premises which provides NHS pharmacy services should be visually distinguishable from parts devoted to other retail activities. Any pharmacy contracting to provide advisory services should be required to have adequate accommodation for confidential consultation.*

13. *The NHS contract should specify the range of services to be provided. The means by which this is done, including the degree of supervision exercised by a pharmacist, should be a matter of professional conduct.*

14. *It should be for the pharmacist to determine how he exercises his professional responsibilities, subject to the guidance and jurisdiction of the Society.*

15. *There is a need for the introduction of a computer based system for handling repeat prescriptions.*

16. *The Society should give careful and earnest consideration to the degree of supervision needed in the dispensing of prescriptions.*

17. *The Society should concern itself more in the training of technicians and other ancilliary staff and issue professional guidance on it.*

18. *Each proprietor and pharmacist in charge should decide the range of services to be offered under the NHS contract with the family practitioner committee.*

19. *The handling of medicines whose sale is restricted to pharmacies should be a matter of professional practice rather than detailed in the statute.*

20. *There is scope for transferring some medicines from the POM to the P category under suitable safeguards.*

21. *The General Sale List should remain. The pharmacist should not be given a monopoly but should compete through quality of service.*

Wysoy* -75%

Soy formula sales are expected to grow to £5 million in 1986.

Leading this growth market is Wysoy* supported throughout the year by extensive activity targetted at all sectors of infant-health care.

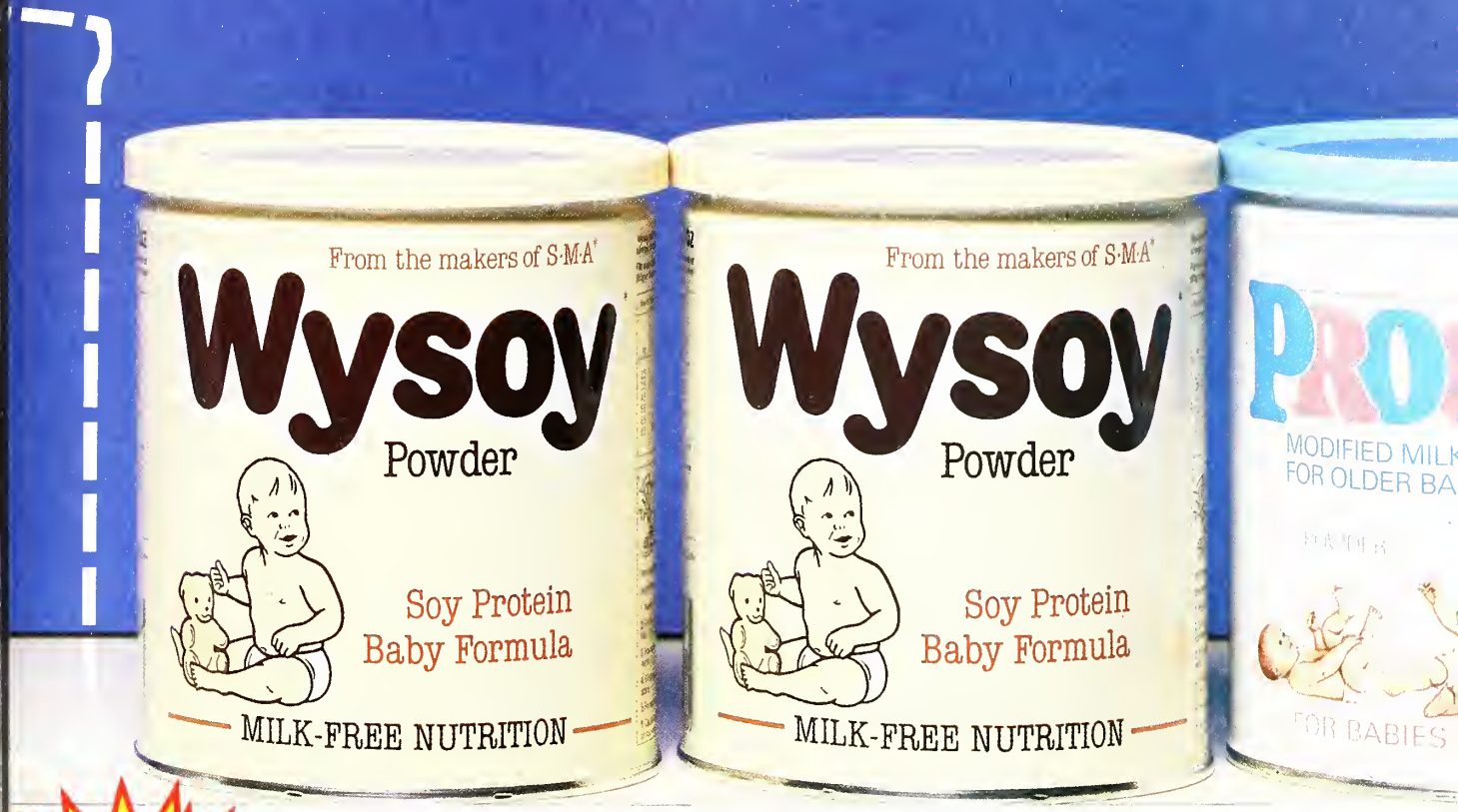
All this and more from the market leader:

Now available in 860g size – Wysoy* offers a higher return for you plus added saving and convenience for mothers.

Shelve Wysoy 860g alongside Wysoy 430g and meet the growing demand for the leading soy based infant formula.

Grow ahead in '86 – make way for the 860g size.

F THE 'WYSOY' MARKET AND THERE'S MORE...



NEW 860g SIZE

860g Wysoy is approved by ACBS for the treatment of milk or lactose intolerance, galactosaemia and galactokinase deficiency.

Wyeth Nutrition
Leading the way

*trade marks

Breast milk is best for babies. Wysoy milk-free formula is intended to meet the nutritional needs of infants and children who are allergic to cow's milk protein or intolerant to lactose. Professional advice should be followed.

Wyeth Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berks. SL6 0PH.

*Trademarks

WYSOY NOW CONTAINS TAURINE AND CARNITINE AND IS APPROVED FOR ℞

Community: the Canadian way

essential that there should be coordination between hospital and community services.

As well as patients being treated at home, there are many people in residential homes who are receiving medication. In Canada the services provided by community pharmacists include the provision of maintenance medicines in monthly unit-dose format and daily delivery of acute medicines, prescription monitoring, information, and training of staff. These arrangements are proving of benefit to patients, cost-effective to the establishments, and a source of profit to pharmacists. We think there is scope for similar services in this country.

Health education

The pharmacist is well qualified to give advice on many matters relating to health education that may obviate the need for future treatment of disease.

Pharmacists should also cooperate with other health care professionals, such as health visitors and midwives, who are themselves engaged in giving health advice. There is scope too for greater pharmacist involvement in the work of community clinics which both provide treatment and give advice.

Professionalism in a Commercial Context

Doubts have been cast on pharmacist's ability to behave professionally on two counts; that they engage in the non-professional activity of selling goods which have nothing to do with pharmacy; and that the advice they give will be affected by the need to sell medicines.

Non-pharmaceutical activities

Pharmacy is unique among professions in that most of its members in the community sector are also engaged in non-related commercial activities. That most pharmacies form part of a shop is a matter of history: they developed that way. Recognising this development is not, of course, to endorse it or to regard it as inevitable. The justification given for pharmacies continuing to sell non-pharmaceutical goods is that this is necessary for their economic survival. With an average of 70 per cent of independent pharmacies' turnover coming from NHS dispensing, we suspect that the number of pharmacies that could be viable while selling only health-related goods is higher than conventional wisdom would allow. This could be even more so if pharmacies were to extend their involvement in the supply and sale of appliances, particularly for the disabled.

What matters is the way the pharmacist behaves. The fact he or she is selling non-pharmaceutical goods may lead a pharmacist to carry over into pharmacy work a commercial attitude that is at odds with professional principles. But a similar attitude may be shown in pharmacy-only establishments as evidenced by the advertisements to be seen in some pharmacy windows overseas. The attempt to persuade people to buy remedies which a pharmacist must know will not do what is claimed for them can hardly be described as a professional activity.

Professionalism is an attitude of mind and what matters is that pharmacists, wherever they be, should not allow their professionalism to be compromised. The pharmacist who works in a shop must behave professionally in all aspects of the work that relate to pharmacy and must ensure that the environment (physical, commercial and behavioural) in the whole of the premises will not detract from this. This can be difficult if the pharmaceutical sales are a mere appendage of the non-pharmaceutical. We would regard it as an unacceptable practice professionally for a retail establishment primarily selling other goods to engage in the practice of pharmacy in order to enhance its commercial image.

The PSGB has a responsibility for ensuring that pharmacy is not brought into disrepute, but there is some doubt as to whether the PSGB has the powers, within existing law, to insist on minimum standards. We suspect the Society has taken too limited a view of the powers it possesses to regulate the activities of its members. This should be looked at again. If the PSGB has the powers, we think it should use them. If not, it should be given them. The contribution to health care of a professional pharmacy service, funded primarily by the NHS, is a matter for public concern and cannot be left only to the normal disciplines of the market.

Sale of medicines

The second charge against the pharmacist is that he cannot give impartial advice if a significant part of his income is derived from the sale of medicines. This is much more serious. We believe that there is indeed in the present arrangements a clash between the promotion of what is professional and the requirements of running a business.

What distinguishes community pharmacy from other professions is the divorce that exists between the professional service given by its membe and the way they are remunerated. Advi brings no return: the sale of medicine does. The Guidance Notes to the PSGB' Code of Ethics requires that a pharmacis should not give an impression to a purchaser that a medicinal product is efficacious when he has reason to believ it is not. We believe most community pharmacists do endeavour to behave professionally and put the interest of patients first. They have, however, to ma a living. They are placed under continu pressure by advertisements to sell particular medicines, not because they would best meet the patient's needs, but because they carry a higher margin of profit. A serious criticism of the way in which the community pharmacist is at present remunerated is that it acts count to, rather than in support of, the exercis of a professional role. This criticism is a reflection on the system and not the individual pharmacist. It is the system th needs to be changed.

Proposals for Change

We think it right the law should continue require that any pharmacy premises should be under the personal control of pharmacist. Since dispensing and the sa of pharmacy medicines require supervision and possible intervention by the pharmacist his continuous presence necessary. In Holland a pharmacist may be absent on holiday without engaging a locum. In France a pharmacist may be absent for a short time during which eith a neighbouring pharmacist will oversee the premises or a technician will be left i charge. In Sweden only the larger pharmacies are under the charge of a fully-trained pharmacist.

We do not think that a pharmacist should be absent from a pharmacy in his or her personal control for any great length of time, and then only for the performance of other professional duties It follows that a pharmacist should not be in personal control of more than one pharmacy. On the other hand it is a handicap for pharmacists that at present they are tied to their premises and, given modern methods of communication, we regard this as unnecessary. We think the law should be relaxed to enable a pharmacist to leave the premises for a limited period to undertake professional activities elsewhere, without bringing al pharmaceutical work to a complete halt. We therefore recommend that during a short period of absence a pharamacist should be regarded as remaining in personal control provided he or she can contacted, either in person or electronically. In the pharmacist's absence, under these conditions, staff in

he pharmacy would be allowed to do either more nor less than they were permitted to do in the pharmacist's presence.

Contractual standards

The Secretary of State has powers, under Section 66 of the Medicines Act, 1968, to make regulations laying down conditions that must be met before premises may be registered as pharmacies. He has not so far done so and we understand he proposes that the standards should form part of the conditions of service of NHS contractors in terms to be agreed with the PSGB. At present many pharmacies do not come up to acceptable standards. The PSGB has set out standards in its Guide to Good Dispensing Practice, but has not, in our judgment, adequately enforced them. Nor do we think the Statutory Committee has been as exacting as it might have been. We think both should do more.

We recommend it should be a requirement that part of any premises which provides NHS pharmacy services and is accessible to the public should be visually distinguishable from parts devoted to other retail activities. Provision of adequate accommodation for confidental consultation should be a requirement in any pharmacy which contracts to provide advisory services.

The pharmacy contract should specify the range of service to be provided. It should not concern itself with the means by which the standards set for those services are to be met or the way the work is to be performed. These are matters for the profession. The terms of service repeat the provision in the NHS Acts that dispensing shall be performed "either by or under the direct supervision of" a registered pharmacist. We do not think this is a matter for the contract: it should either be left to the general legislation governing the handling of medicines or be regarded as a matter of professional conduct. In our view it should be the latter.

Dispensing

The dispensing of many prescriptions could be shown, after the event, not to have required the personal attention of a pharmacist. The introduction of a system of computer-produced "repeat prescriptions" could reduce the incidence of transcription errors. We recommend the introduction of such a system. This could also enable a pharmacist to indicate, the first time such a prescription was presented, whether it was necessary for him or her to see it on future occasions.

The use of coded labels on original packs will make it possible to check dispensing after the event. Given this safeguard, could non-repeat prescriptions which require the pharmacist's attention be identified in advance other than by the pharmacist himself? The high level of skill displayed by workers involved in the checking of prescriptions at the Prescription Pricing Authority shows the level of sophistication that can be acquired by people with no background in pharmacy. While recognising the differences in the two operations, it would be worth examining the feasibility of devising a protocol for dispensing assistants to identify a prescription that needs a pharmacist's involvement. This would release a substantial amount of professional time for other things. This is a matter of such importance that the profession should give it its most careful and earnest attention. The responsibility of deciding what they could safely delegate would rest with individual pharmacists, with guidelines issued by the Society.

The training of assistants is certainly a matter on which the Society should issue guidance: indeed we believe that the Society should concern itself, far more than it does now, in the training of technicians and other staff. It has been suggested to us that regulations should be made limiting the ability to perform certain roles in community pharmacies to those ancillary staff who have acquired specific qualifications. We strongly support the improvement in standards this would help to promote. We would favour it being treated as a matter for professional guidance rather than by the law.

It would be up to each proprietor and pharmacist in charge to weigh the various options open. These would include the types of services to supply; the value of a continuous presence against engagement in activities outside; the employment of two pharmacists rather than one; and the employment of additional pharmacists to enable outside activities to be undertaken on certain days of the week.

Sale of Medicines

Professional conduct rather than statutory enactment should govern the handling of medicines restricted to pharmacies. At present such medicines may be sold only by, or under the supervision of, a pharmacist, and this has been interpreted as meaning that the pharmacist must know of, and be in a position to intervene in every transaction.

Common observation would suggest that these are cases where the law is either not being followed or is observed in a perfunctory fashion. It could be said that this is an example of pharmacists using their professional judgment of what is required.

The present system of classifying medicines is sensible and should remain. The precise categorisation, however, needs to be reconsidered. The object should be not to retain any medicine in a more restricted category than is necessary for public safety. We believe there are some drugs on the POM list which could safely be entrusted to pharmacists, the absence of which from the P category restricts their ability to perform their traditional advisory role. We presume that what keeps them on the POM list is a fear that use might become excessive if they could be obtained OTC.

It has been suggested that this fear could be allayed by continuing on transfer to P the ban on advertisement to the general public that applies while medicines are on the POM list; by restricting the sale of certain medicines to pharmacists personally; and, in appropriate cases, requiring that records be kept of sales. These suggestions merit serious consideration, though we have some doubts about the last.

It has been represented to us that there are at present available in the GSL category a number of medicines that, in the interests of safety, should be transferred to the P category. Some pharmacists would wish to go further and abolish the GSL category altogether. It is true that there are anomalies, but we would certainly not support the inconvenience to consumers that the restriction of all medicines to the two categories of POM and P would entail. Nor do we think it would be in the commercial interests of pharmacists. The way in which the pharmacist should compete is by the quality of the service he offers.

Conclusions – Community Pharmacy

22. *The law should not be changed so as to confine ownership of pharmacies to pharmacists, but the PSGB should see that overall standards are maintained.*

23. *The NHS contract should continue to be with the pharmacy owner.*

24. *Payments under the NHS contract in respect of prescriptions dispensed should be reduced, and separate payments made for other professional activities.*

25. *The number of pharmacies should be reduced in accordance with our detailed recommendations.*

26. *Pharmaceutical services available in rural areas should match in quality and comprehensiveness those elsewhere. Dispensing services, however provided, should be assessed by the same standards.*

Community: the multiple stay

Pharmacy ownership

It has been proposed that the law be changed to allow a pharmacy to be owned only by the pharmacist running it. It has been represented that a pharmacist can be subject to undue pressure from a non-pharmacist owner whose interest may be to the detriment of professional standards. The law seeks to guard against this by specifying that a company's pharmaceutical operations must be managed by a superintendent pharmacist.

It is the duty of the PSGB to ensure that professional standards are maintained; and the non-pharmacist owner of a pharmacy should be under no illusions as to the need to meet the standards required by the profession. Given this, it would be undesirable to deny to the practice of pharmacy the advantages outside capital or management ability can bring.

Remuneration

Payment systems influence behaviour and we believe that the linking of pay so closely to dispensing is one of the reasons that community pharmacists involve themselves so personally in it. The fact that a pharmacist's income increases with the number of prescriptions dispensed encourages a search for new dispensing business and acts as a positive incentive to the practice of leapfrogging. It does not encourage the pharmacist to collaborate with GP colleagues to reduce the level of prescribing, or the cost of prescriptions.

We have been encouraged to see that our view that remuneration must reinforce whatever objectives it is desired to achieve, is shared by the DHSS and the PSNC to whom it will fall to negotiate any changes flowing from an acceptance of the recommendations in this Report.

We have no quarrel with the cost-plus system nor with the way in which costs are calculated. What we do think needs to be changed is the way in which the sums due are distributed to individual pharmacies. Ingredient costs should, in our view, continue to be reimbursed as incurred. But the payments in respect of other costs should be to promote a shift in the way in which the pharmacist uses his own time, and to support him in his professional role We recommend that some of the amounts should cease to be paid by reference to prescriptions; and the money saved, together with what is paid out as basic practice allowance, be used to enable other professional activities to be separately and specifically remunerated. These might include:

(a) Work done to improve the effectiveness and reduce the cost of prescribing.

(b) Advice to patients on response to symptoms, which may or may not then lead to the sale of a medicine. There are difficulties but we attach great importance to this work being separately and adequately remunerated.

(c) Services provided to individual patients on long-term or complicated medication. One possibility would be capitation fee for patients opting to register at a single pharmacy.

(d) Domiciliary activities and clinics.

(e) Services to NHS and other publicly owned residential establishments.

(f) Health education.

The encouragement of the opening of new pharmacies has increased contractors' total costs and so the sums paid to pharmacy contractors by the NHS. We think there would be advantage in a reduction in the number of pharmacy outlets. This was the main aim of the Government's agreement with the PSNC. We wholeheartedly agree with this aim.

We see no reason in principle why the NHS should be denied the right, open to other contractors, to be selective in its award of contracts where it considers this necessary if it is to provide a service that is both effective and efficient.

The NHS is, however, a near-monopoly service and we therefore think that the new powers proposed to be given to FPCs should be tempered in three ways. Firstly, the ability which has been demonstrated over the past eight years to influence numbers through the price mechanism should be fully utilised: if the differentials between different sizes of NHS contractors are not producing the desired results they should be adjusted. The more accurate the tuning, the fewer the applications that will need to be considered by FPCs.

Secondly, we think it wrong that pharmacists should play so large a part as is proposed in deciding whether or not a new application should be granted. They are, inevitably, interested parties and we consider it preferable that their role on the new subcommittees should be advisory, and they should have no vote.

Thirdly, there should be an appeal against the decisions of the subcommittee to the Secretary of State and not, as is at present proposed, to a neighbouring FPC.

There is one element in the new agreement with which we do not agree and that is the decision, as a consequence of abolishing the BPA, to load the NHS remuneration even more heavily on to the number of prescriptions dispensed. We see that as a thoroughly retrograde step.

Our own proposals for changing the system of remuneration involve a redistribution of existing funds rather than the expenditure of new ones. The Government has announced its intention of making available half the initial savings made through reducing the number of pharmacies: the sum involved, £2 million, is relatively small, but the eventual savings must be much larger than this, and we think it appropriate that a proportion of them should be devoted to improving the quality of the pharmaceutical service. A large number of representatives of pharmaceutical companies are engaged in "selling" medicines to doctors. The money to fund this comes indirectly from the NHS, and we think it would be a more effective use of public funds for some of it to be devoted to enabling GPs to have the advice of community pharmacists in their choice of medicines.

Rural areas

We believe it important that the pharmaceutical service available in rural areas should match in quality and comprehensiveness that provided elsewhere; and that dispensing services, however provided, should be assessed by a single set of standards.

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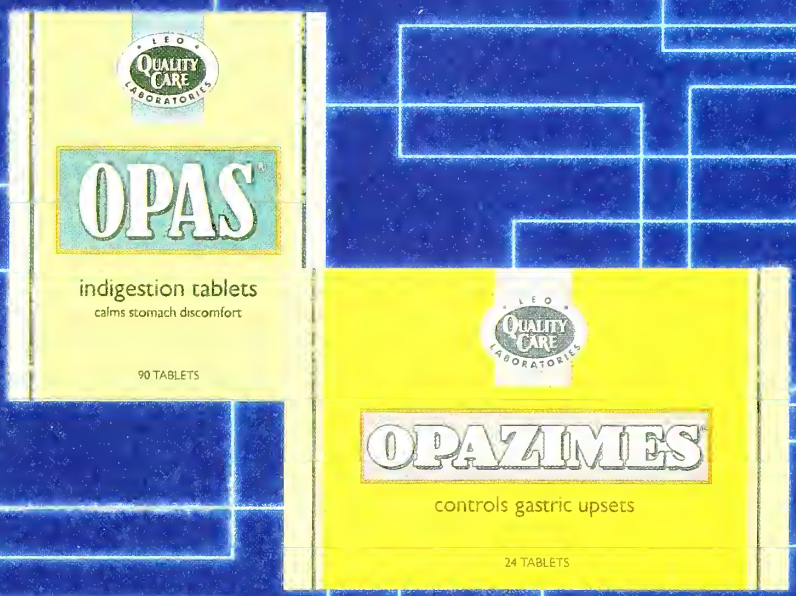

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The second largest chapter in the Report is that devoted to hospital pharmacy. Among the major recommendations is for clinical pharmacy to be practised in all hospitals. The Committee would also like to see an early settlement of the recruitment and pay problems.

Green light for clinical role

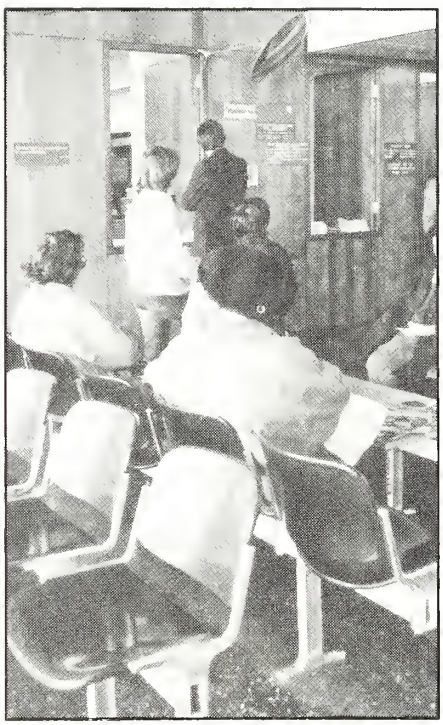
We have no hesitation in accepting the argument that pharmacists have distinctive and valuable role to play in the treatment of individual patients in hospitals, and that this need not infringe or undermine the authority of the clinician in charge of a case. In hospitals we have visited, relations between pharmacists and their medical colleagues appear to have occasioned few problems. The general attitude on all sides is one of cooperation between professionals making their own contribution to a combined effort in the interests of the patient.

How best to deploy limited resources is a necessary, if difficult, decision for any manager to take. The more extensive clinical pharmacy services are certainly not without cost. It is expensive in time for a pharmacist to accompany a clinician on his ward rounds as a matter of routine.

Our view is that it must be for the doctor and the pharmacist to cooperate in deciding how the pharmacist's time can best be used, given the system to which that particular doctor in that particular hospital is working. For example, in cases where parenteral nutrition is invoked it may be desirable for a pharmacist always to accompany the doctor on his rounds. To have a pharmacist present on a general medical round, on the other hand, could be a waste of resources. All hospital pharmacists under training should participate in ward rounds and case conferences in order to gain a perspective of the use of medicines in the total care of patients.

Any extension of clinical pharmacy will need to be weighed against the effects this may have on the ability to deliver other hospital services. With the present state of the art, and the difficulties of cost benefit analysis, decisions will be more a matter of judgment than of figures. Our view is that the benefits of an extended role for the pharmacist through the development of clinical pharmacy on the lines already practised in some hospitals look so promising that it should be extended to all hospitals; and attention should be concentrated on devising the most efficient and effective way of providing it in the individual case. The initiative should rest at local level where needs and possibilities can best be assessed.

We would urge a more testing, self-critical approach in those hospitals where clinical pharmacy is practised, with more studies to establish what the real needs are and how they can best be met. There should also be a greater exchange of information, and publication of research results, together with more action at the centre to draw general conclusions and establish guidelines.



Resources

The greater attention given in hospitals to clinical pharmacy has been achieved, in the main, by a redeployment of existing resources. Some work previously undertaken by pharmacists has now been delegated to ancillary staff: and some work undertaken by ancillary staff has been automated. We think this approach has been a sensible one. By ensuring that any particular activity within the pharmacy department's domain is carried out at the most junior level competent to perform it, professional resources have been made available for more truly professional work. This has helped improve standards of patient care, and made possible reductions in overall costs, while at the same time increasing the interest of the pharmacist's work. Under present circumstances, we think it only realistic t assume that there will be little in the way additional resources available for expanding pharmacy services in hospita That being so, improvements can be mac only by increasing the effectiveness and efficiency with which existing resources are used. It would be wrong to maintain such a restrictive line in the face of an established need, or demonstrated benef And in the longer term if benefits are to b maximised resources will need to be increased.

Cooperation

One encouraging development is the increasing cooperation between pharmacists and junior hospital doctors. There is a danger that in some cases pharmacists may be encouraged to assume a role that more properly belongs to the doctor, simply because the junior doctors are overworked and so unable to provide a satisfactory medical service.

Though as a way of coping with a temporary problem such an arrangement has something to commend it, it is clearly undesirable in general. The pharmacist's role should be to supplement that of the doctor, not replace it. However, the growing recognition by junior doctors of the help they can obtain from the pharmacist is to be welcomed. This could be of particular value in helping to promote the greater degree of cooperatio between GPs and community pharmacist that we believe to be necessary.

Domiciliary and Outpatient Treatment

The increasing trend for patients under hospital care to be treated at home (eg certain forms of cancer chemotherapy), has extended the role of the hospital pharmacist into the community. Some hospitals provide a visiting pharmacist service, for example, to patients on domestic renal dialysis, or to nursing homes and other residential establishments. While we would support a continuance of their responsibilities in thi area, we consider that the actual provisio of such services should in most cases com from within the community pharmacy service.

Serious consideration should be given to the transfer of dispensing for outpatient to the community sector in England and Wales as is already the practice in

otland. There are some specialities, for ample ophthalmology, which may be tter catered for from within hospitals d it may be sensible for this to continue. ere is scope for increasing the services w done in some outpatient departments rticularly in such areas as anti-tumour, ti-coagulant, and anti-convulsant erapy; and it would need to be nsidered whether this could be catered within community pharmacy or ndled within a hospital environment. In me areas patients may come from long stances and the hospital may be the most nvenient place for their medicines to be pensed. In that event, and others too, nsideration might be given to ntracting out to a community armacist the provision of a full range of armaceutical services for outpatients m within the hospital precincts. Such vices could usefully include the supply appliances.

We have two main aims: to improve the vice to patients; and to release scarce ofessional resources for better use ewhere within the hospital service. We certainly not proposing a cut in the mber of pharmacists employed in spitals. We recognise that this could ail an additional call on resources.

ruitment

becoming increasingly difficult to ruit pharmacists to fill basic grade ts. This has led, in some cases, to the grading of posts in order to fill them. It come about partly because in recent rs more community pharmacies have en opened. But it could also be a lection of past miscalculations of the npower requirements of the profession d so the numbers admitted to training. ere will inevitably be differences ween a career service, in which a ctitioner may expect to receive his hest remuneration at the end of his eer, and employment in a retail blishment where he could expect to do much earlier. It is, nevertheless, clear t the salaries paid to hospital armacists are out of line with the nuneration in pharmacy practice ewhere, and that substantial provements are needed.

e structure

e Noel Hall Report led to the creation of w posts, many of which had to be filled younger people. As a result there is w a serious promotion blockage. Such a ation can have a deadening effect on y organisation and on individual rale. The matter is one to which the ISS and the NHS Management Board uld give early attention.

Conclusions – Hospital Pharmacy

27. *Pharmacists have a distinctive and valuable role to play in the treatment of individual patients in hospitals, that need not infringe or undermine the authority of the clinician.*

28. *Clinical pharmacy should be practised in all hospitals. The initiative should rest locally, but there should be more studies of the real needs and more central coordination. The first aim should be a general statement of the clinical pharmacy service that should be provided in all hospitals.*

29. *In order to maximise scarce resources, it should be the norm that any activity be carried out by staff at the most junior level competent to perform it. Increased resources are unlikely to be available in the short term but will be needed in the long term.*

30. *While the availability of medicines from industrial manufacturers will reduce the demands on production departments, it is important not to constrain local medical and pharmaceutical initiatives.*

31. *With the new developments in radiopharmacy, the research involvement and service demands on the radiopharmacist will and should increase.*

32. *Quality control and assurance will remain important aspects of pharmaceutical work. There is scope for rationalising routine tasks to release resources for research into problems thrown up by the use of medicines within the hospital.*

33. *The provision of drug information is important and has been imaginatively developed. Care should be taken not to duplicate activity and to ensure that drug information pharmacists remain in touch with work at ward level.*

24-hour service

We believe it to be unacceptable for a professional service such as pharmacy to be unavailable if needed throughout all hours of the day. One step that has been strongly urged is that pharmacists, like others in the hospital service, should be paid for calls out of hours. Others have argued that a more professional approach would be to regard availability to respond to out of hours calls as part of the hospital pharmacist's professional responsibility and to acknowledge this in the overall level of their remuneration. We note that negotiations are under way and we hope for a successful, speedy conclusion.

34. *The involvement of pharmacists, doctors and nurses in drug and therapeutics committees is to be welcomed.*

35. *In individual cases the pharmacist may have a contribution to make in the taking of medication histories. In the performance of assays for drugs in body fluids, local convenience should dictate by whom the work is done, the pharmacist's special contribution being to assist in interpreting their results. In both instances the pharmacist does not duplicate, but adds to what is done by others.*

36. *Pharmacists should be involved in the reporting of suspected adverse drug reactions.*

37. *Pharmacists have an important part to play in clinical trials.*

38. *Cooperation between pharmacists and junior hospital doctors augurs well for improved cooperation later at community level.*

39. *The increasing involvement of pharmacists in domiciliary care and treatment of patients discharged from hospital is to be welcomed but might in future be best discharged by community pharmacists, with the DPhO exercising a coordinating role.*

40. *Serious consideration should be given to the transfer of outpatient dispensing to the community sector, without reducing the number of pharmacists employed in hospitals.*

41. *There is a shortage of basic grade pharmacists. More pay is needed.*

42. *The DHSS and the NHS management board should give early attention to the problems caused by promotion blockage.*

43. *It should be possible for specialists to obtain promotion while remaining within their speciality and without undertaking managerial responsibilities.*

44. *A higher priority should be given to research.*

45. *Pharmacists should provide a 24-hour service in hospitals where needed.*

46. *Both the profession and NHS management should seek to improve the career prospects of technicians.*

47. *Concern has been expressed about the possible effects of the Griffiths reorganisation on the viability of hospital pharmacy units. The existing size for such units needs to be retained.*

There are not enough pharmacy graduates going into industry. More should be done to attract them and the schools of pharmacy have their part to play.

Graduate shortage

If the pharmaceutical industry in this country is to continue to hold its place in the forefront of the development and sale of medicines, it needs to employ the best qualified people available. In many cases these will be pharmacists, but the industry is not recruiting them on the scale needed to maintain a proper balance.

There are a number of steps that can be taken to improve the situation. The first is that the pharmacists graduating should relate more realistically to the demand in all sections of the profession.

The second follows as a consequence. The new graduate entering particularly the larger firms is likely to be paid at the bottom of a common salary scale. This will reflect the ability of a company to recruit the graduates it needs. Because the difficulties of recruiting are so much less in the case of other scientists the figure is likely to be at a level that will attract these other scientists but may fail to appeal to pharmacists. And the graduate who enters community pharmacy is likely to reach his greatest earning power much sooner than the industrial pharmacists, even though the eventual remuneration of the latter may be considerably higher.

If the supply of pharmacy graduates is allowed to rise this should increase the numbers available for recruitment to the industry. The disincentive of the more immediate rewards in community pharmacy will remain but we believe that this can be lessened if more is done to encourage those graduates who are interested in, and would be suited to, employment in industry, to take a longer view of their prospects.

A European Community directive requires that a qualified person be appointed in each pharmaceutical company to have overall responsibility for the manufacture and control of medicinal products. In other Community countries, qualified persons are in practice pharmacists. In the UK they may be pharmacists or graduates in one of several other disciplines. The prescribed syllabus for a qualified person is much more closely aligned to a pharmacy degree than to a degree in chemistry or biochemistry. We do not think it appropriate to reopen this issue, though we are concerned that it can mean that in some of the smaller firms there may be no pharmacist employed at all, and so no access to the special contribution the pharmacist can make.

There is a need for a more professional approach to the supply of medicines from manufacture to the handing over of a medicine to the consumer. We have described the importance of the professional contribution to be made by community pharmacists and the steps that might be taken to strengthen this. We think there is an equal need to strengthen the professional approach to the promotion of medicines in the environment within which manufacturers and distributors operate. We are not saying this is something only professional pharmacists can provide but rather that pharmacists, because they are professionals and have the backing of their society to support them, should be in a position to make a significant contribution.

Wholesaling

We have been generally impressed by the efficiency, competitiveness, and initiative shown by firms in the wholesaling industry and the contribution they have made to improving the service to the public. But we do not think it would be right to accept the contention that every wholesaling depot should be under the charge of a pharmacist. The operations carried out in a wholesaling depot are akin to those found in any distribution warehouse and do not require the skills of a pharmacist merely because the goods are medicines. While we think it necessary wholesalers should have access to pharmaceutical advice where this is appropriate, we do not think the work done requires the presence of a pharmacist.

Conclusions – Industrial Pharmacy

48. *To maintain a proper balance between disciplines there is a need for more pharmacists to be recruited to the pharmaceutical industry.*

49. *This should be done by increasing the supply of graduates from the schools of pharmacy and by encouraging more undergraduates to consider employment in industry.*

50. *Industry should make more effort to recruit and retain women pharmacists who make up a large and well qualified group of potential employees.*

51. *Firms should encourage pharmacists in their employ to register for higher degrees. This could help to attract high quality graduates.*

52. *DHSS should seek an amendment to the EC directive on the "qualified person" to make it easier for pharmacists to be recognised in this capacity.*

53. *Wholesaling depots need to have access to pharmacy advice but it is not necessary for them to have a pharmacist permanently present.*

54. *There is a need for a more qualified professional approach, to which pharmacists are well qualified to contribute, in all stages of supply of medicines to patients, including particularly the advertising and marketing of products.*

Membership of the Committee of Inquiry

Sir Kenneth Clucas, KCB, former permanent secretary, Department of Trade *(Chairman)*
Mr J.C. Bloomfield, OBE, community pharmacist, past president, Pharmaceutical Society of Great Britain (died November 1984)
Dr S. Carne , OBE, general medical practitioner
Mr W.M. Darling, OBE, community pharmacist, past president, Pharmaceutical Society of Great Britain, chairman, South Tyneside Health Authority
Dr F. Fish, dean, School of Pharmacy, University of London
Professor A.T. Florence, professor of pharmacy, University of Strathclyde
Professor D.G. Grahame-Smith, Rhodes professor of clinical pharmacology, University of Oxford, consultant physician, Oxford Area Health Authority
Mrs E. Henshall, MBE, president, Society of Family Practitioner Committees
Miss R. McRobert, OBE, deputy director, Consumers' Association
Dr P.R. Noyce, district pharmaceutical officer, Hampstead & Islington Health Authorities
Professor M.H. Peston, professor of economics, Queen Mary College, University of London
Mr B. Silverman, director of professional services, The Boots Company plc
Professor D.W. Vere, professor of therapeutics, London Hospital Medical College, consultant physician, London Hospital

The pharmacy degree should be strongly based in science but demonstrate a greater relevance to pharmacy practice, including the development of communication skills.

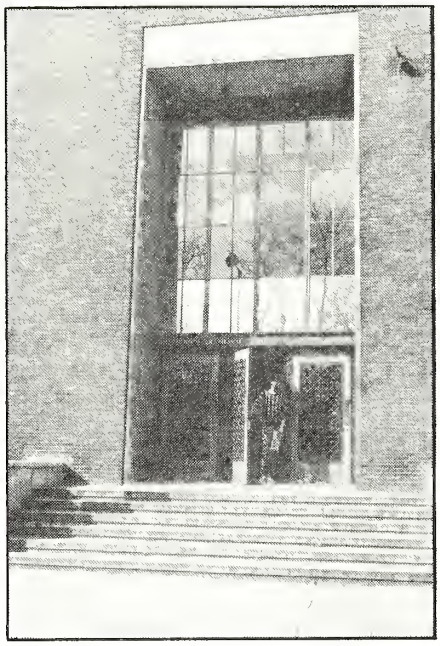
Degree – more relevant?

The pharmacy degree course has been the subject of considerable criticism; that it is too theoretical and does not match the work the pharmacist will subsequently do. This is largely misconceived though some changes in the syllabuses and in teaching methods are needed.

The course is science based and rightly so. It must, however, be applied science: and there is insufficient coverage at present of the sciences needed for the clinical and advisory sides of pharmacy. Additions need to be made covering both pharmaceutical and behavioural sciences. Room should be made for these by dropping those aspects adequately covered in 'A' level courses and by postponing some material to the registration year.

There is a need to demonstrate throughout the relevance of what is taught to the practice of pharmacy; and vacation experience should be used to help in this. Participatory styles of learning are to be preferred to the dissemination of information, and provide a better way of developing communication skills than specific instruction in the subject. Problem solving should assume a greater role.

Teachers in the schools of pharmacy should be mainly pharmacists. The present participation by teachers in continuing education should be extended to the preregistration year, and there is scope for more joint teaching-practice appointments.



The entrance to "The Square"

A course on these lines should provide a sound scientific foundation on which the graduate can build in his preregistration year. But it will be a rigorous scientific course in its own right capable of providing an excellent academic preparation for a number of science based occupations. The practice of relating the number of entrants to pharmacy courses to forecasts of demands for pharmacists has not worked well and we recommend that it should be abandoned.

We do not think it appropriate for us to work out details even if we had the resources to do so. What is now needed is for the representatives of the profession and of the schools to collaborate in examining our proposals and, if they find them helpful, to set about the process of development and implementation. This will need to be done in conjunction with similar action in relation to the preregistration year.

Conclusions – Undergraduate Education

55. *The traditional organisation in three subject areas of pharmacy courses may dictate the balance of teaching and act as a constraint on developments. This should not be allowed to happen.*

56. *The undergraduate course should continue to be strongly based on science, but science which is relevant to pharmacy.*

57. *Direct participation in practical laboratory work should continue to be an integral part of the course.*

58. *Some subjects, such as pharmacy law and ethics, should be introduced during the undergraduate course, but the main teaching of them should be transferred to the preregistration year.*

59. *Teaching of basic science, particularly chemistry, should be reviewed in the light of what is taught in secondary schools.*

60. *The time saved should be devoted to increasing the teaching of topics relevant to the pharmacist's future professional role: these should include the social and behavioural sciences as well as pathology and therapeutics.*

61. *There should be greater emphasis on developing problem solving skills, as well as on basic statistical concepts.*

62. *Consideration should be given to regrouping topics to demonstrate relevance to each other and to pharmacy practice.*

63. *Teaching methods should concentrate more on discussion and development of communication skills.*

64. *Ability to develop communication skills should be taken into account at the selection stage.*

65. *The majority of teaching staff in schools of pharmacy should be registered pharmacists, and more encouragement should be given to women to consider an academic career.*

66. *Efforts should be made to recruit social and behavioural scientists to the teaching staff of schools of pharmacy.*

67. *In order to improve contacts with practice, there should be more joint appointments that enable practitioners from all branches of the profession to be members of academic departments.*

68. *Consideration should be given to the establishment of academic pharmacy units in hospital to act as a base for teaching and research and to promote contacts with other health care professionals.*

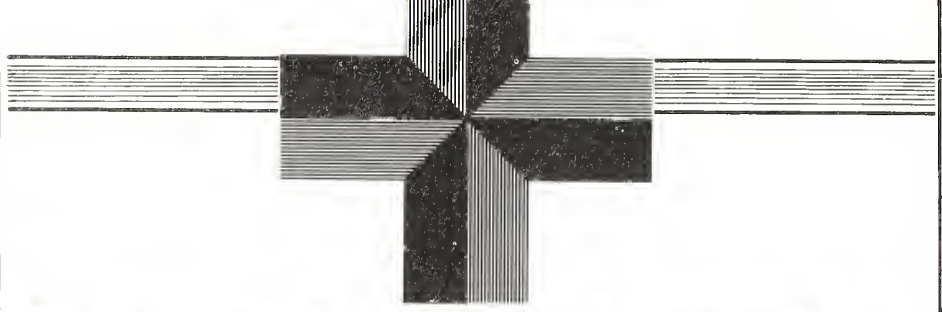
69. *There is a need for chairs to be established in pharmacy practice and for more practice research, whether pharmaceutical or behavioural.*

70. *Specialist practice related options in the final year would encourage students to work at a topic in depth, and help the transition into practice.*

71. *Intake should not be tied to forecasts of manpower needs. This would alleviate current shortage in some branches of the profession and enable pharmacy graduates to be employed elsewhere. It is important to change the assumption that the degree leads automatically into the profession.*

72. *It should be made possible for graduates in other related disciplines to become pharmacists by taking a shorter course than the full pharmacy degree.*

73. *Pharmacy technicians who wish to become pharmacists should be able to study for a pharmacy degree part time, and to have their experience considered for exemption from some part of the preregistration period.*



Preregistration test idea

We consider the way the year is utilised needs to be reassessed in conjunction with a reconsideration of the undergraduate course: the academic members of the profession should take part in this review and the schools invited to participate in preregistration training. Students should be required to pass a test before admission to the Register.

A further 12 months' postregistration experience in the relevant branch of pharmacy should be required before a pharmacist is allowed to assume sole responsibility in either a community pharmacy or a hospital department.

The preregistration year should provide the last stage in the preparation of the professional pharmacist. Properly conducted it can also represent an introduction to the continuing education that should be a feature of the rest of the pharmacist's working life.

Conclusions – Preregistration Training

74. *The content and structure of preregistration training have been determined in isolation from the degree course: they need to be considered together, and change made to ensure that the degree course gives the student the science needed as a pharmacist, and the preregistration year the practical and professional skills.*

75. *Schools and teachers of pharmacy should be more involved in the arrangements for the preregistration year. Each student should have an academic tutor as well as a tutor at his place of work. This would encourage contacts between practitioners and academics and allow feedback from one to the other.*

76. *There should be a test of competence at the end of the preregistration period that extends the present system of continuous assessment monitored by the PSGB. The emphasis should be on practical work and oral skills, and it should not be assumed that all candidates would be successful.*

77. *In the longer term, the preregistration year should be divided between hospital and community pharmacy.*

78. *In the short term, as a temporary measure to help recruitment to the industry, the year should be spent in any two out of community, hospital or industrial pharmacy.*

79. *Health authorities should be paid, as community pharmacy contractors are, to take on preregistration students.*

80. *A newly registered pharmacist should not be allowed to occupy a position of sole responsibility in either a community pharmacy or a hospital pharmaceutical department. A further year's experience in the relevant branch should be required.*

Education – updating must be priority

The Society should give first priority to bringing up to date the knowledge of pharmacists who may have qualified some years ago. The overall picture is one of fragmentation with uncertainities as to who is responsible and with no agreement on objectives. The CPP will be in a position, as it gathers strength, to improve overall standards through what it does.

The principal responsibility for continuing education rests with the PSGB though both the health departments and the educational authorities have responsibilities too, particularly in the way of funding and administrative help. Present participation among community pharmacists is low, but given the importance of the pharmacist's role we think it essential that all pharmacists should be required to keep their knowledge up to date.

To make participation in continuing education courses mandatory will not have the desired effect, and we recommend instead a continuing assessment of practice, the ability to pass which should in due course, be made a condition of continued registration.

Conclusions – Higher Degrees and Research

87. *The provision of taught Masters' courses should be retained at least at its present level and such courses should contain an element of research.*

88. *The system for funding research degrees puts pharmacy at a disadvantage and leads to a shortage of PhD pharmacists both in industry and in the schools of pharmacy.*

89. *The same system limits the amount of basic pharmaceutical research being undertaken: this is detrimental to industry and the schools and inhibits the development of more applied topics.*

90. *Industry should encourage their own pharmacist employee to study for PhDs.*

91. *Hospitals provide an appropriate and relevant base for some types of research and this should be further encouraged.*

92. *Research into pharmacy practice in cooperation with social and behavioural scientists should be increased.*

93. *More effort should be directed towards the dissemination of practice research findings.*

94. *Funds should be made available by the DHSS for the Prescription Pricing Authority to complete the creation of a research data base on prescribing, and this data should be widely available to researchers.*

95. *Compilers should work together to establish comprehensive pharmacy statistics for the UK as a whole.*

Increased need for research

Research in many schools is now of a high order. This needs to be sustained and increased, both in basic pharmaceutical sciences and in the application of these sciences in industry, hospitals, and community practice. The interdisciplinary and vocational nature of pharmacy, which helps to give it its uniqueness and its practical strength, puts it at a disadvantage in competing for research funds from institutions whose activities are organised on the basis of single disciplines in pure science.

Conclusions – Continuing Education

81. *Priority should be given to the continuing education requirements of existing pharmacists. There is a need for greater coordination and rationalisation of existing arrangements, and in particular close collaboration between the PSGB and the CPP.*

82. *The PSGB should take the initiative in coordinating discussions between the parties involved in the arrangements for organising and funding continuing education.*

83. *It will be for the PSGB to determine the form that continuing education takes, using the facilities offered in each region by the schools of pharmacy, and in collaboration with postgraduate education bodies concerned with health care.*

84. *DHSS and SHHD should follow practice in Wales and Northern Ireland and meet the regions' administrative costs.*

85. *Participation in continuing education should not be a requirement for continued registration as a pharmacist.*

86. *Assessment of practice should be encouraged, and evidence of competence assessed in this way should eventually become a condition for continued registration.*

Society's role 'crucial'

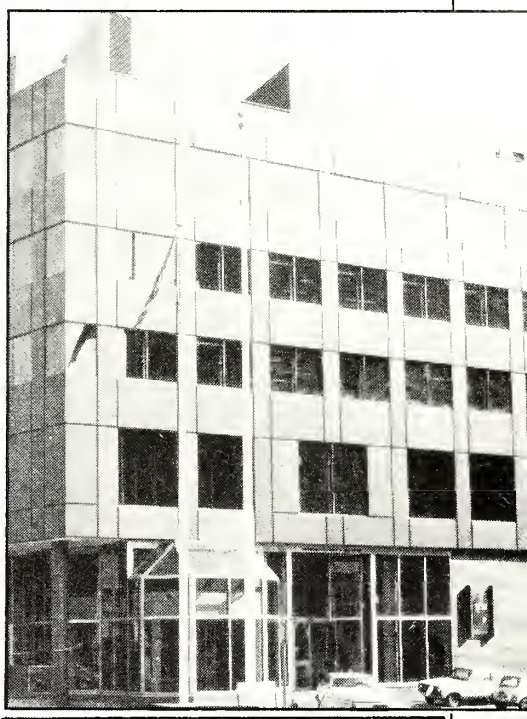
The Society has been very active in considering a wide variety of matters designed to promote the professional performance of its members and has published a number of reports and guidance statements. This is wholly commendable, and we are glad to pay tribute to it.

There are, however, aspects of its work in which the PSGB has not been as active as we think it should. We have drawn attention to its failure to enforce adequately the standards it has itself laid down in relation to premises. Our Report calls for action on a number of fronts. Some of these will be for others to take up, including Government departments. But the predominant, and indeed the crucial role, is that of the Society.

Among the most pressing needs is for it to define the standards of acceptable conduct in community pharmacy and see these are rigorously enforced. The Society needs to pursue vigorously its role in relation to education and training including that of technical and ancillary staff.

The Committee of Inquiry has no doubts as to who it believes will have the most important job in the future.

Community pharmacists operate in considerable isolation. While our proposals should lessen this by increasing the opportunities for cooperation with the other professions, the Society should take particular account of this and the need it engenders for advice and support. We believe our Report presents an opportunity to extend and improve the standing and performance of the profession, the contribution which it can make to the health service, and to the service it gives to the rest of the community. It is an opportunity which the Council of the Society must not fail to take.



Conclusions – The Society

96. *The role of the PSGB in implementing this Report is crucial. The Report gives the Council of the Society an opportunity which it must not fail to take.*

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Back to the front shop is the way forward

"What we need in the dispensary is a technician, not a pharmacist," NPA chairman Peter Taylor told the Bucks LPC meeting last Sunday. Changing circumstances meant the pharmacist should be out in the shop.

Pharmacy had entered a technological age, he suggested. The traditional manipulative skills had been taken over by manufacturers supplying unit dose preparations. Computer labellers meant that warning labels were produced automatically.

Original pack dispensing was on the way. "We have to accept OPD is coming," said Mr Taylor, "and all the problems, which I admit are there, will have to be overcome."

He was amused that a number of people thought it would put pharmacists out of a job. "But no one seems to have looked at the question of liability," he said. "The EEC Directive is to come into force soon. Unless a drug can be linked to a manufacturer then the pharmacist is liable as the producer. The only ways to avoid liability will be to dispense original packs or keep extensive records of products dispensed from bulk packs."

Since the limited list more people were seeking advice from pharmacies, and this was another thing pulling the pharmacist out onto the counter from the dispenser.

"But if we are going to pull the pharmacist out onto the counter we have to provide adequate staff in the dispensary," said Mr Taylor. He was pleased that the NPA had introduced a technician's training course. "Personally I hope members will recognise it as specialist training and remunerate staff accordingly. The qualification should be recognised throughout community pharmacy to help if people wished to move job," he said.

The NPA had taken a bold initiative in setting up its "Ask your pharmacist" campaign — the proposal has run into a lot of opposition initially. "But the value of the campaign is not so much in educating the public as bringing home to pharmacists just what their position in the community is. It is another factor that is bringing the pharmacist out of the dispensary," he said.

It was remarkable that the Government had helped finance health education through pharmacies, and this was as a direct result of the steps taken by the Pharmaceutical Society and the NPA to project the pharmacist's health counselling role.

NPA chairman Peter Taylor

"With the new contract coming in it would be an ideal time to think about this," suggested Mr Taylor. "We should look carefully at our shops, and if they are not suitable for redesign we should look for more suitable premises. Under the new contract we have security of tenure and there is no danger of the money being wasted." It was worth bearing in mind diagnostic services when thinking of a refit, such as pregnancy testing, he said.

Running a dispensary was not often a big problem, but running a shop could be. Coming out of the dispensary gave the proprietor or manager better control over the business, said Mr Taylor. The NPA was conscious of the need for a good accountancy package to help further, he said, and were hoping to produce one now enough pharmacists had computers big enough to take the program.

Mr Taylor recommended four areas he felt were ripe for commercial exploitation. Health foods were a greatly underrated area, he said, along with health books and literature. With increased leisure time there were more soft tissue injuries. A growing elderly population also needed catering for.

"Our traditional role is fast disappearing," said Mr Taylor. "Let us take a lesson from the print workers. If you value your profession do not bury your head in the dispensary. Establish yourself as someone trying to improve the health care of the nation."

Testing reactions to relaxation of supervision

PSNC chairman David Sharpe told pharmacists at the meeting he was not convinced that direct supervision in the pharmacy was necessary. But the majority of the 60 strong audience seemed reluctant to delegate too much responsibility to their staff.

"There are many professions where this happens. It would allow pharmacists to get out from the dispensary — I am not afraid of delegating," said Mr Sharpe.
Elaborating during questions afterwards he said he would not like to see supervision from the end of the telephone. Pharmacists would have to delegate responsibilities sensibly — it was a matter of getting it into perspective.

David Sharpe, PSNC chairman

"I would want to see a pharmacist in every pharmacy — he or she would have to be in personal control," he said. From the audience John Vicary asked how the role in the community could be expanded unless the supervision aspect was relaxed. Others pointed out technicians looked for greater responsibilities, and were now adequately qualified to do so.

The issue is one raised in the Nuffield Report (p522). The report will influence the DHSS, said Mr Sharpe, and PSNC will be promoting any positive aspects immediately. PSNC would probably be calling a conference to discuss the implications, he said.

Mr Sharpe berated the audience on not knowing how 70 per cent of their income was made up. A questionnaire revealed that only five out of 40 pharmacists present who filled it in knew what the new prescription fee was.

Community role for RPhOs?

The regional pharmaceutical officer in the community — about as likely as an acupuncturist judging a pin cushion competition? Not so, according to Dr Bryan Veitch, the RPhO from Oxford Region.

The RPhO does have a role, and can have a major input into preregistration training and continuing education, he said. "It is under discussion that part of the preregistration grant could be allocated to send preregistration students on regional training schemes.

"Multiples have their own schemes, but independent contractors could benefit from sending people on regional schemes. The preregistration period is critical for our future and something we ought to get our act together on."

Continuing education was an area where community pharmacists let themselves down badly, said Dr Veitch. "Courses are not as relevant as they might have been, timing may be awkward and many feel funding is inadequate," he said. "But if every pharmacist turned up for one course a year we could not accommodate them and still pay for their travel. But we should still press ahead."

Oxford, East Anglia and Wessex Regions have just been chosen for a trial on distance learning by the National Extension College, funded by a large grant from the Pharmaceutical Society. "Perhaps formal courses we have put on in the past are not the best way," Dr Veitch conceded. "But I am not entirely convinced. I have a gut feeling 90 per cent of the material could end up in the dustbin."

The trial programme will see three distance learning packages — each to occupy about an hour — delivered to pharmacists in the test areas, starting in May. The trial is due to go on for two years. "The future of distance learning may well depend on the outcome — how you as pharmacists take it up in relation to standard courses," said Dr Veitch. He urged pharmacists to use the material, and said he would like to see release days allowed for further education.

Dr Veitch gave a lukewarm welcome to the new contract — contract or contrick, he asked. He was worried that it would not do what the Health Minister hoped. It had stirred up more mud than usual and there was a feeling that smaller contractors had been under-represented in negotiations.

Rational location of pharmacies under the new contract will be a slow process, he predicted, but it would be necessary to see it happen. "I view the amalgamation of pharmacies as a good thing provided it means there are more pharmacies with two pharmacists. One way we can get more involved with the community is to have one pharmacist available on a roving commission," he said.

There was great scope for developing the "grey area" of community homes, and some health authorities were appointing pharmacists with the specific task of liaising between community pharmacists, residential homes and the health authority.

Legislation for higher standards of service is vital, he said. "For too long certain brethren in the community have been getting away with murder — they have to be done away with or re-educated to higher standards."

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Ombudsman raps Gwent FPC

Pharmacist Mr Allan Sharpe of Newbridge has had a complaint of maladministration against the Gwent FPC successfully upheld by the Ombudsman, who found the FPC had no authority to withhold payment on an item apparently added to a script.

On February 18, 1985 Mr Sharpe dispensed a script for Tenoretic × 42 and Indocid 25mg × 100. This script was later referred to Gwent FPC by the Welsh Pricing Bureau as it appeared that one of the items (Indocid) might have been added by someone other than the doctor. In July the Finance and General Purpose Committee (FGPC) decided not to pay Mr Sharpe the £5.60 due to him for dispensing the Indocid and an appeal in August was turned down. Mr Sharpe then complained to the Ombudsman that the FPC had acted "maladministratively" in that;

1. They had no authority for witholding payment on the prescription;

2. If they considered a penalty was in order the matter should have been referred to the Pharmaceutical Services Committee;

3. They exacted a financial penalty without authority;

4. In making their decision they suggested without justification that professional skill and judgement were lacking.

The decision by the FGPC to disallow payment was on the grounds that Mr Sharpe should have exercised greater care in dispensing the script, although the GP had confirmed that the script was genuine and intended for the patient. Mr Sharpe had dispensed the script because the writing was recognisably that of the receptionist, the "added" item was not one subject to misuse and the script was representative of many others.

It was only after the complaint was accepted for investigation that the FPC administrator put forward the contention that the script was not valid. The report says; "This introduced quite different considerations...No amount of care on Mr Sharpe's part could have made an invalid script valid...Equally a failure by Mr Sharpe to exercise proper care would not have invalidated a valid prescription."

It adds that if the FGPC had considered the matter properly the only conclusion they could have come to was that the prescription was valid. The Ombudsman concluded that; the FPC had no authority for witholding payment; if a penalty had been in order it should have been referred to the LPC; the FPC exacted a penalty without authority; and Mr Sharpe was in no way careless in deciding it was proper to dispense the script. He concluded that the FPC had fallen into error because they failed to appreciate that their proper task was to determine first whether the script was valid and only to consider the care exercised by Mr Sharpe if a proper inquiry into its validity convinced them it was not valid.

YPG under way

Recognition by the Pharmaceutical Society is a must if the Young Pharmacists' Group is to have any input to the profession, newly-elected committee member Mark Koziol told the Group's inaugural meeting on March 16. "We want to be in a position where we can debate and discuss issues and make a contribution," he said.

Other members of the emergency committee elected at the meeting at Aston University are; chairman, Peter Joshua; secretary, Robert Carroll; treasurer Eilean Shearer; public relations officer, Mark Koziol; recruitment officer Sean Wheatley, and Michele Cranck. A full committee will be elected at an Autumn conference and a draft constitution put to members for ratification. Regional delegates were also elected, but vacancies exist for the North East, and Wales. The YPG Committee hopes to meet with the PSGB and NPA, and other interested bodies and to make representations to local branches.

The Committee emphasised that the title "Young" was not meant to discourage any interested pharmacist and there would be no age-limit for members. "If we involve just one member in the profession who isn't involved now then we've succeeded," said Mr Koziol.

Membership fees will be £15 annually (subject to running costs), life membership £45, and an associate membership for pre-registration students and students £2. A special membership lasting until the conference costs £5.

Schwarz Pharmaceuticals are to award a prize to the hospital pharmacist who writes the best article on a topic related to management. The prize is a trip (to the value of £1,500) to an international conference. Further details from: *The Schwarz Pharmacy Management Award, Prism International, Pinewood Studios, Iver Heath, Bucks SL0 0HN.*

PSNI conference in June

The Pharmaceutcial Society of Northern Ireland plans to hold its first ever weekend conference to celebrate its 60th Anniversary at the Ballygally Castle Hotel, co Antrim from May 30-June 1.

On the Friday evening a session run by the NI Young Pharmacists Group with be followed by a disco. The Society is organising three lecture sessions — on Saturday morning, in the afternoon and on Sunday morning — speakers to be announced. And on Saturday evening there will be a dinner.

Provisional bookings can be made with the Society's secretariat at 73 University Street, Belfast BT7 1HL (tel 226927).

Wellcome and Unichem unite

The Wellcome Consumer Products Division and Unichem are collaborating to mount a series of around 100 retail pharmacy evenings across the UK this Spring.

The plan follows the success of last year's evenings organised by Wellcome, which were attended by some 4,000 pharmacists and 5,000 assistants, says Bob Grice, divisional manager.

Monday, March 24

East Kent Branch, Pharmaceutical Society. Kent postgraduate medical centre, Kent and Canterbury Hospital, Canterbury, at 8pm. Last in postgraduate lecture series on GI system and Stoma care.

Tuesday, March 25

Ayrshire Branch, Pharmaceutical Society. Piersland House Hotel, Troon, at 8pm. Dr P.B. James on "Hyperbaric oxygen therapy."

Thursday, March 27

Wirral Branch, Pharmaceutical Society and Birkenhead & Wirral Pharmacists Association. Wirral postgraduate medical centre, Clatterbridge Hospital, at 8pm. "Hypertension — an update." Sponsored by Merck, Sharpe & Dohme.

Friday, March 28

Dundee & Eastern Scottish Branch, Pharmaceutical Society lecture theatre 3, Ninewells Medical School, at 7.30pm. Joint meeting with BMA.

Advance Information

"Pharmacist and nutrition," conference organised by The Royal Society for the Promotion of Health, City Conference Centre, 76 Mark Lane, London EC3, Wednesday April 23, 10am to 4pm. Speakers include Dr T.G. Booth, president of the Society, Professor Arnold Bender. Fees £22 for members, £35 for non-members. Details from the Royal Society of Health, RSH House, 38A St George's Drive, London SW1V 4BH.

"Advances in drug delivery," residential meetng of the Society for Drug Research, Churchill College, Cambridge, July 7-9. Includes sessions on site specific delivery, implantable systems, oral controlled release, and other routes. Cost £160 members, £180 non-members. Details: Society for Drug Research, 20 Queensberry Place, London SW7 2DZ.

A loophole in the law?

The basic details required on scripts for POMs have not changed. They must be dated by the prescriber, who may use a rubber stamp. They must not be dated by a receptionist or computer."

Who is going to confirm who dated the prescription with the rubber stamp? Bah — humbug.

Eric York
Northampton.

How about a bit of Bounty?

Having returned from maternity hospital the proud father of a daughter I began to read the Bounty baby book given to my wife. I came across the advert for a free Bounty weaning pack. It directed new mothers to their nearest Baby Boots store to collect a box of manufacturer's samples.

Surely this is giving Boots an unfair advantage over other retail pharmacies. Also the parents may have to go out of their way to find a Baby Boots. The local pharmacy is surely the natural port of call.

Why cannot the major wholesalers such as Unichem and Vestric keep a supply of these packs at their depots? Most pharmacies have one or two deliveries a day so it would take no more than a couple of days for any pharmacy to order and receive the pack for a mother.

The PR value of this exercise cannot be over-emphasised. It would give the pharmacist a chance to explain that he/she is always available for advice and promote the caring professional image we are all striving to achieve.

At a time when our leaders are advocating a greater public awareness of pharmacy and its value to the community surely this is a step in the right direction. It is a natural extension of the "Ask your Pharmacist" and health care leaflet campaigns and can do retail pharmacy nothing but good.

So come on, Bounty, how about giving every retail pharmacy the chance to compete with the big boys! I am sure we could rise to the challenge.

David Harcombe
Doncaster.

Best place to go for service

The present crisis in hospital pharmacy staff levels has meant the issue of prescriptions to patients for collection outside the hospital's orbit. In the light of a recent incident involving the handling of such a prescription by the staff of a dispensing doctor, who kept a patient waiting a number of days for urgent treatment, it would seem necessary and prudent to direct patients to a pharmacy exclusively.

The average dispensing doctors practice does not provide as comprehensive a range of drugs and preparations as the local pharmacy nor can the prescriptions be dispensed with the necessary skill and expediency which the patient is entitled to expect.

Anne Worby
RPA Council Member.

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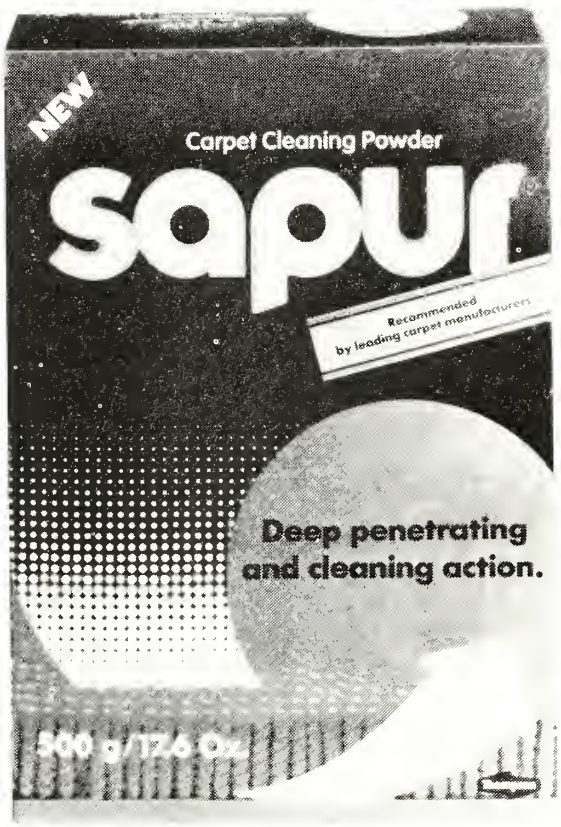

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Budget brings few surprises for small firms

"A safeguard for the present and a springboard for the future," was how the Chancellor of the Exchequer, Nigel Lawson, described his Budget for 1986.

Giving his aim as the conquest of inflation and creation of an enterprise culture, Mr Lawson made some concessions to small business lobby groups, despite pre-Budget fears that the Treasury had run out of steam in this sector. But critics felt the Budget had not gone far enough to help the smaller firms. One observer deemed this an "ultra-cautious" Budget. But the Retail Consortium sees it as a skilful one.

Business Taxes

The VAT threshold went up from £19,500 — in line with inflation — to £20,500. This issue divides opinion, with groups such as the Forum of Private Business wanting the threshold raised to £100,000 and others — like the Building Employers' Federation — preferring it to be lowered, to stop "cowboy" firms from taking advantage.

The Capital Transfer Tax — introduced in 1974 — was described as "a thorn in the side of those owning and running family businesses." The tax bill for transferring firms from one management generation to the next has been attacked by the Union of Independent Companies and said to ruin some businesses altogether. Before the Budget the CTT levied taxes on inheritance and on lifetime gifts. Now the tax on lifetime gifts has been abolished, and a tapered charge put on gifts made within seven years of death. And the tax has been renamed the Inheritance Tax.

The Loan Guarantee Scheme has been extended for another three years. And the premium paid by borrowers has been halved to 2½ per cent. Several small business lobby groups had been calling for a lower premium; in 1984 it had been raised from 3 to 5 per cent.

The Business Expansion Scheme comes under review in April 1987. Accountants Peat Marwick presented the Chancellor with their report on the scheme before Christmas. Mr Lawson announced that the scheme would be extended indefinitely. But there have been complaints that the scheme's money has gone to safe areas instead of risk areas. So high asset-backed schemes have been excluded.

Unemployment

Mr Lawson put the main responsibility for pricing people into jobs onto the management. But he suggested short-term incentives for profit-sharing schemes and promised a consultative document on the issue.

The Enterprise Allowance Scheme will be extended from an annual entry rate of 65,000 to 100,000. And the community programme introduced last year to help the long-term unemployed is extended from 200,000 to 255,000 places.

A new scheme will give £15 a week for a year to employers taking on 18- or 19-year-olds at up to £55 a week, and 20-year-olds at up to £65.

Industry and Management

The manufacturing industry was pinpointed as the main gainer of the economic climate. Mr Lawson said the sector should be increasing exports and seeing a fall in competing imports. But he laid down two conditions: firmer control of labour costs; and more investment in research and development, and training. "Both the opportunity and the responsibility rests fairly and squarely on the shoulders of British management," said the Chancellor.

Pension funds will be given statutory guidelines. Some have been heavily over-funded, said Mr Lawson, and surpluses of over 5 per cent will be "eliminated." Trusts and employers will be liable to a tax of 40 per cent of amounts refunded. But it will be a matter for them whether to refund the excess or reduce contributions.

Private share-owning is further encouraged with tax relief on dividends under a "personal equity plan." People will be able to invest up to £200 a month or £2,400 a year in shares. The scheme should cost £25m in 1987-88.

Personal tax is dealt with in a Green Paper published on Budget day. This suggests reforms on personal allowances — particularly for married women — but these are set for the 1990s, when PAYE is to be computerised.

The basic rate of income tax is brought down by a penny in the pound, from 30 to 29 per cent. Also reduced from 30 to 29 per cent is the small firms' rate of Corporation Tax.

Unichem hopeful

Unichem have announced pre-distribution profits for 1985 of £34.2m — up 22.14 per cent on last year.

The co-operative's sales figures show an increase of nearly 20 per cent having risen to £441.1m from £370.9m for 1984. Unichem anticipate pre-tax profits in the region of £4.2m, which would be more than 50 per cent up on the previous year's

Managing director Peter Dodd commented: "More pressues lie ahead, but there are already indications that 1986 will see further advances in our performance."

Beatson Clark back in black

Glass container manufacturers Beatson Clark are back in the black according to their full-year results.

Profits before tax are £1.18m compared to 1984's losses of £434,000. And while the glass container operation is being streamlined — they are to close one of their four furnaces and reduce product lines from 13 to 11 — the turnover on non-glass operations will continue to expand, the company says. Beatson Clark recently set up Beatson Plastics which makes and supplies plastic containers for pharmaceutical products.

Kodak profits up in UK

Sales for Kodak Ltd and their subsidiaries are up from £516m to £576m, with home sales accounting for £268m, a 6 per cent rise on the previous year.

Profits before tax were £57m, up from £27.9m the year before — an increase which owes a lot to better export sales, says the company. They went up 18 per cent to £308m. Profits after tax were £34.4m (1984 — £15.8m).

Kodak bought Skycopy Ltd and Coloursnap Ltd last year and invested in Consumer Developments Ltd (75 per cent share) and Anglia Supercolour Studios Ltd.

At present they are also involved in exchanging Kodak instant cameras with retailers and consumers (see *C&D* last week). All the costs from this are being borne by the parent company, Eastman Kodak.

Boots plan facelift for small branches

oots are to remodel over half their ranches. All will keep their ispensaries but three types of acelift are planned.

"We are refitting up to 550 of the maller branches — those which have a oor area of up to 500 sq m," a company okesman told *C&D*. "They will be fitted ut as health care, health and beauty or onvenience' stores."

Boots are already testing the ideas in ree pilot outlets. The first "health care" anch has opened in Chard, Somerset, ith dietary foods, baby products and me cosmetics included. Another will en at Banstead. At Market Harborough "health care and beauty" branch ncentrates more on cosmetics and perfumes. The Dorchester and Weybridge outlets will also have optical departments. The Boots Bearwood Road store near Birmingham is the first "convenience" outlet with another to follow at Dolston. As well as the dispensary and usual Boots' lines it stocks frozen foods, books and greeting cards. And it opens from 8am to 8.30pm every weekday. But Boots have no plans to extend late-night opening to other branches.

"Before the end of March there will be eight of these remodelled branches and 60 are planned for next March," say Boots. "They'll look a bit more modern from the outside. But the customer will still recognise them as 'Boots.' And it will still be clear that there's a dispensary inside."

POS ad-Vantage o Vestric

estric plan to offer, through Myers, xtures and fittings incorporating e new Vantage logo recently troduced on POS material and the mpany's new vans.

A catalogue detailing the service will able customers to "mix and match" with isting fittings or replace them step by ep.

Vestric announced their restyled antage merchandising package for the heme's 2,100 members on Vestric's Link vel 1 microscribe system and the rmation of a new division within the mpany at their annual conference. Mr ter Bentley, chemist sales manager, nounced at the conference the rmation of a South West Division to be n by Mrs Sara Thomason who has been omoted to divisional sales manager.

New system from Park

ark Systems have developed a ew computerised disk driven belling system. The new system, nown as system 600, is based on e Amstrad 6128 disk drive mputer with 128K memory.

The program includes full dose rnings in keeping with the Society's recommendations, drug name underlining, automatic centering of wording, label repeat facility and fast processing (15 labels per minute).

The system sells at £950 (ex VAT, inc 10 per cent NPA rebate) and is available on 14 day trial.

This system is being marketed in addition to the "top of the range" Sharp disk-based system 800 which has drug interaction alerts on the program. All systems have the new Epson LX80 printer with an optional near letter quality mode.

From April 6 Park Printing will supply pre-printed name and address prescription labels to pharmacies in 14 days. Once a proof for a new order is agreed or a repeat order is received, confirmation of the delivery date is sent to the customer. If labels are not received by 5.30pm no charge is made, says *Park Printing, 41 Parliament Street, Liverpool*

The Trade and Industry Department's retail sales index for January 1986 (1980 = 100) shows chemists up 13 per cent to 166. The year on year change for all businesses is up 8 per cent to 146. The figure for chemists does not include National Health Service receipts.

South East Staffordshire Health Authority is to spend £471,000 on the refurbishment of the Salters Meadow health centre at **Burntwood** Staffs.

Doctors Beauchamp, Gossain, Chaudhuri and Ganapathi, seek permission for a health centre with associated car parking at 67 Camp Hill, **Nuneaton.**

Poll says 'no' to open all hours

The public has changed its mind and wants shops to stay shut on Sundays, says the latest Harris poll.

Only 5 per cent of respondents told the poll — commissioned by the Keep Sunday Special campaign — that they were really inconvenienced by shops only opening six days a week. The special character of a Sunday was something over half thought was special and should be preserved. Sunday working should be kept to a minimum, 70 per cent thought, while 93 per cent did not think shopworkers should be forced to work on Sundays. The three-line whip Government plans to impose on its MPs was opposed by 91 per cent.

Opponents of the Shops Bill have welcomed the results. "The National Pharmaceutical Association sees this as a more accurate reflection of true public opinion than that given by previous polls, all of which were commissioned by the pro-Sunday trading lobby," says director Tim Astill. USDAW are pleased with the level of public sympathy for shopworkers. And the National Chamber of Trade says it confirms that the vast majority of people do not want Sunday opening.

But the Home Office says it will continue to base its arguments on independent polls such as Mori. "They have always found that about a third of consumers want Sunday opening. These polls very much depend on the wording of the questions," a spokesman said.

An early Parliamentary motion opposing the Bill now has the backing of over 70 MPs — most of them Conservative — according to Orpington Tory MP Ivor Stanbrook. He says the Government is now looking at a number of possible concessions. "The Government wants to see what compromises it can make to secure its supporters," he said. "But they will have to be substantial. This latest poll is just part of the evidence that is causing the Government to mark its time."

130 YTS places...

130 places out of over 500 offered by NPA members for the Youth Training Scheme, have been approved so far by the Manpower Services Commission and not as stated in *C&D* last week. NPA training officer Ailsa Benson has asked members not to ring her department to find out if their places have been approved, as that information will be forwarded to them as soon as possible.

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le Gallez — a lifetime's service

The National Pharmaceutical Association has just lost an important link with the past, Mr Urban le Gallez, who joined the National Pharmaceutical Union as it then was when the legendary George Mallinson was secretary, has just retired after 48 years service.

Mr le Gallez (the name comes from the Channel Islands) started at the NPU in 1938, aged just 17, as a junior in the membership department. The NPU was then housed in Queen Square, Bloomsbury, London. "I think in common with most employers in those days there was much stricter discipline," he says. "Mr Mallinson was an employer of the old school, but there is no doubt that he was extremely competent, brilliant even. But as a junior I found him somewhat forbidding."

Mr le Gallez tells a story of a young colleague who returned to his old job at the NPU after the war. "He turned up in his demob suit on his first morning after five years away and his greeting from Mr Mallinson was 'I don't think a pale grey suit for the office?' Mr le Gallez himself spent some five years in active service during the war as an RAF technician. But the NPU had reason to be grateful to him before his call up, as he and a colleague, while on roof watch duty, prevented an incendiary device from causing a fire in the Queen Anne houses.

On returning from the war Mr le Gallez became head of the membership department, but in 1954 joined the Chemists' Sickness and Provident Society (CSPS), and when, two years later, the head of the CSPS, Arthur Clarke, retired, he took over. "Back then we had 2,473 members; we now have 2,910," he says. "The value of the Society's assets in the same period have risen from just £400,000 to over £7m."

The objectives, however, remain the same — to provide sickness and accident cover and also a means to saving towards retirement. One of Mr le Gallez's innovations has been the increase in advertising which has enabled the Pharmaceutical and General Provident Society, as it was renamed in the '70s, to prosper during times when the friendly society movement has generally been in decline. This tenure as assistant secretary has also seen the P&GPS maintain its non-discriminatory policy against women, which it first offered in 1952. He says that in some ways this amounts to positive discrimination in their favour as they tend to claim more sickness benefit than men.

Mr le Gallez at his retirement presentation with NPA director Tim Astill

During that time, the rate of sickness benefit payable has risen from £12 a week in the '50s to a current £144 per week for pharmacists, and £90 a week for those members not so qualified. And Mr Le Gallez points out that between a quarter and a third of P&GPS members are non-proprietors.

Mr le Gallez is now looking forward to something of a rest, though he is off for a long holiday visiting relations in the United States. He plans to do some sort of voluntary work, possibly as a driver for the elderly in St Albans, in his retirement.

His job as assistant secretary is being taken by Eileen Hill, former NPA accounts department supervisor.

An NPA 'Ask your pharmacist' T-shirt is offered to any pharmacist running in this year's London Marathon. The shirt is available to non-runners at £3.99 (plus VAT) in sizes S,M,L. The NPA Board has also agreed to donate £100 to Birdsgrove House for every pharmacist completing the course — exceptions will be made for any pharmacist stopped for advice during the race! Further information is available from Mike King (he's the one on the right!) at Mallinson House on 0727 32161 ext 229

Six decades of dispensing

Aberdeen pharmacist Douglas Bruce has retired after 58 years of dispensing to the Ferryhill community.

Mr Bruce qualified in 1928 after starting work in his father's chemist shop at the age of 14 and then going to day and night school to pass his exams. "It's the prices I can't get over these days," Mr Bruce told *C&D*," I can remember when Andrew's Liver Salts were only 1/9 — they're 85p now!"

But the Ferryhill community hasn't been left in the lurch. The chemists and post office — which has been in the family's hands since 1895 — is now being run by Mr Bruce's son Graeme.

APPOINTMENTS

Revlon International Corporation: Mike Taylor has rejoined the company to work on the Revlon brand.

L.S.R. Baby Products (UK) Ltd: Karen Brazier is promoted to the position of marketing manager.

Lewis Woolf Griptight have promoted production director Peter Weiss to deputy managing director. Brian Coombs, is also appointed to the Board.

Kingswood Chemists: manager John Currie has been promoted to regional manager. Marketing and distribution director, Keith Coxon becomes commercial director with responsibilities extended to merchandising and the development of new trading concepts and special projects.

Chesebrough-Pond's Ltd: As from April 1, Annick Devillard is promoted to group product manager from new products development. She replaces Julie Banfield who is leaving the company to join Univite.

Phillip Smith has been appointed finance director replacing John Freeburn who becomes export controller.

Astec Pharmaceuticals Ltd: Keith Preston has been appointed director of sales and marketing. He joined the company from Smith & Nephew Ltd where he was national contracts controller. And Ted Stringer has joined the company from H.N. Norton and Co Ltd as sales representative for the West Midlands (North area).

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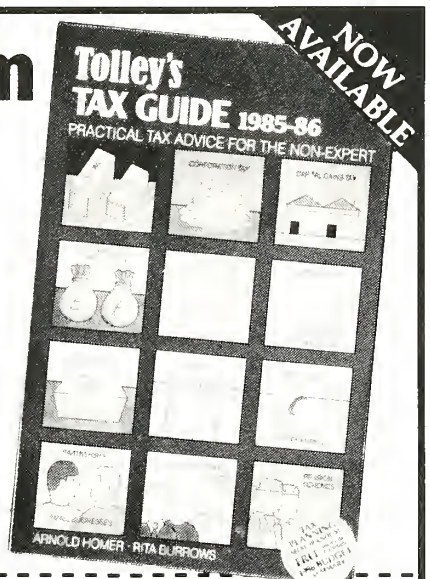

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